



INVOICE

BILL TO:
CAPABLE TRANSPORT INC
641 COMMERCIAL DRIVE #101
BUDA, TX 78610

INVOICE DATE: 02/12/2025
INVOICE #: R76759
TERMS: NET 30
DUE DATE: 03/12/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
02/10/2025		1545 Kellogg Drive, Douglas, GA 31535 - 14800 Blue Mound Rd, Haslet, TX 76052			
		Freight Income	1	\$1,566.00	\$1,566.00

TOTAL
\$1,566.00

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC
P.O.BOX 205154
DALLAS, TX 75320-5154
Tel: 844-899-8092



CAPABLE TRANSPORT, INC.
3292 Thompson Bridge Road #350
Gainesville, GA 30506
770.297.1515



Load Confirmation

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0156427

Carrier: ROYAL3 INC
CHICAGO IL 60638
Date: 02/10/2025

Contact: Deborah
Phone:
Fax:

Order **Order:** 0156427
Miles: 931.0
Temp:

Commodity: Electrical Wire
Weight: 42000.0
Trailer: Van (DAT)

PU 1 **Name:** Southwire Douglas - DOUGLAS
Address: 1545 Kellogg Drive
DOUGLAS GA 31535
Phone:

Date: 02/10/2025 0900
02/10/2025 1400
Contact:
Driver Load: No driver loading or unload

SO 2 **Name:** Anixter Lewisville
Address: 1601 Waters Ridge Dr
LEWISVILLE TX 75057
Phone: 972.353.7000

Date: 02/12/2025 0800
02/12/2025 1200
Contact: Main
Driver Load: No driver loading or unload



CAPABLE TRANSPORT, INC.
3292 Thompson Bridge Road #350
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770.297.1515



Load Confirmation

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0156427

Carrier: ROYAL3 INC
CHICAGO IL 60638
Date: 02/10/2025

Contact: Devorah
Phone:
Fax:

SO 3	Name:	SOUTHWIRE DFW CSC	Date:	02/12/2025 1030
	Address:	14800 BLUE MOUND RD		
		HASLET TX 76052	Contact:	
	Phone:		Driver Load:	No driver loading or unload

Payment	Carrier Freight Pay:	\$1,266.00
	Macropoint Start to Finish	150.00
	POD - Same Day	150.00
	Total Carrier Pay:	\$1,566.00

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.
Special instructions:

Please Sign: *Devorah Jones*

(X) Accept

() Decline

Attention:

raiza@capablemoves.com

Driver Name: David
Driver Cell: 305.988.5580
Driver Email:
Tractor #: 718
Trailer #: H03250





Rate Confirmation Agreement for Capable Transport, Inc.

- Rate shown includes any applicable fuel surcharges, pickup and delivery charges, loading and unloading, out of route, detention, storage, and/or all arbitrary charges etc. Deviation from these rates must be approved in writing and signed by both parties.
- Company name and DOT/MC# on truck must match above information or company may be subject to non-payment for "double-brokering".
- Contracted rate is for exclusive use of trailer and Carrier shall not co-mingle freight.
- Driver must track via MacroPoint for the full duration of the load. Failure to track throughout full duration of load will result in a rate deduction of \$150/day not tracked properly.
- Check calls must be made daily by 9 am EST or carrier will be charged a penalty fee of \$100 per day.
- If pickup or delivery times are missed without prior notification to Capable, carrier will be subject to penalty charges of \$100 per day. Additional late delivery charges assessed by the consignee may also apply.
- Carrier's failure to timely pick or deliver may result in customer chargebacks. Any chargebacks caused by carrier will be deducted from carrier rate.
- Any authorized unloading will only be reimbursed with a valid unloading receipt. Unloading charges must be reported at time of delivery and receipt must be provided to Capable within 24 hours of shipment completion.
- In order to be eligible for detention carrier must notify Capable within 2 hours after appointment time of any delays. Late pick-ups or late deliveries are not eligible for detention charges. If facility is FCFS, detention will only be paid if carrier is loaded or unloaded outside of the regular pick-up or delivery hours. If applicable, the arrival and departure times must be stamped and/or written on the BOL. BOL must be submitted along with detention request within 1 hour of shipment completion.
- All refrigerated loads must be run on continuous unless otherwise stated.
- Driver is responsible for all load counts at origin and destination. Driver is responsible for sufficient cargo securement. If there are any discrepancies in shipping documents, requirements or driver is not granted access to the loading dock to verify counts, driver must notify Capable immediately.
- Driver must pulp refrigerated product before leaving shipper.
- Upon delivery, a copy of the POD must be submitted to Capable with 24 hours. Failure to do so will result in a \$150 rate deduction.
- Within 48 hours of delivery invoice, POD and supporting documentation must be emailed to accounting@capablemoves.com.

Capable Transport, Inc.
3292 Thompson Bridge Road #350
Gainesville, GA 30506
(770) 297-1515

Date 02/10/2025

BILL OF LADING

Page 1 of 5

This Bill of Lading is hereby incorporated by reference into the Transportation Agreement by and between Southwire Company, LLC and Carrier (the "Transportation Agreement") and shall be governed and construed in accordance with the terms set forth therein.

SHIP FROM

Name : Southwire Douglas
Address : 1545 Kellogg Dr
City/State/Zip : Douglas GA 31535
Phone : 912-260-2058
Email : douglasshipping@southwire.com

Bill of Lading : 00328860069935360



SID# : 6993536
TMS ID : 0003964891

SHIP TO

Name :
Address :

Carrier Name : CONNECT LOGISTICS
Trailer Number : 03250
Seal Number : 60831689-60831690

City/State/Zip : , , ,

SCAC : CLHY
Pro Number : 0156427

THIRD PARTY FREIGHT CHARGES BILL TO:

Name :
Address :

RECEIVED

Arrival

FEB 12 2025

10:40am

City/State/Zip : , , ,

By:

SPECIAL INSTRUCTIONS: Underlying Bill of Lading Numbers:

00328860069935360-1, 00328860069935360-2

Completed Time: _____

Freight Charge Term: Prepaid: ☒
(freight charges are prepaid unless marked otherwise) Collect: ☐
3rd Party: ☐

☒ Master Bill of Lading: with attached underlying Bills of Lading
(checkbox)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NO.	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
See Attached Underlying			Y	N	
Bill of Lading			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE					COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)		Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350		NMFC #	CLASS
							See Attached Underlying			
							Bill of Lading			
6		20		40654 LB			GRAND TOTAL			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

NOTE Liability Limitaion for loss or damage in this shipment may be applicable. See 49 U.S.C 14706(c)(A) and (B)

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature _____ Shipper

SHIPPER SIGNATURE/ DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation

Trailer Loaded: Freight Counter:

☒ By Shipper
☐ By Driver

☒ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE/ PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order except as noted.

Date: 02/10/2025

BILL OF LADING

Page 2 of 5

This Bill of Lading is hereby incorporated by reference into the Transportation Agreement by and between Southwire Company, LLC and Carrier (the "Transportation Agreement") and shall be governed and construed in accordance with the terms set forth therein.

SHIP FROM

Name : Southwire Douglas
Address : 1545 Kellogg Dr
City/State/Zip : Douglas GA 31535
Phone : 912-260-2058
Email : douglasshipping@southwire.com

Bill of Lading : 00328860069935360-1



SID# : 6993536

TMS ID : 0003964891

SHIP TO

Name : ANIXTER-DALLAS
Address : 1601 WATERS RDG DR

Carrier Name : CAPABLE TRANSPORT INC

Trailer Number : 03250

Seal Number : 60831689-60831690

City/State/Zip : LEWISVILLE, TX, 75057-6013

SCAC : CLHY

Pro Number : 0156427

THIRD PARTY FREIGHT CHARGES BILL TO:

Name :
Address :



City/State/Zip :

SPECIAL INSTRUCTIONS: Master Bill of Lading:
00328860069935360

Freight Charge Term: Prepaid: ☒

(freight charges are prepaid unless marked otherwise)

Collect: ☐3rd Party: ☐

☐ Master Bill of Lading: with attached
(checkbox) underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NO.	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	
See Attached			Y	N	
Bill of Lading Supplement			Y	N	
			Y	N	
GRAND TOTAL					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1		4		23268 LB				

See Attached Bill of Lading Supplement

GRAND TOTAL

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The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature _____ Shipper

SHIPPER SIGNATURE/ DATE

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Trailer Loaded: Freight Counter:

☒ By Shipper
☐ By Driver

☒ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE/ PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order except as noted.

Date: 02/10/2025

BILL OF LADING

Page 4 of 5

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SHIP FROM

Name : Southwire Douglas
Address : 1545 Kellogg Dr
City/State/Zip : Douglas GA 31535
Phone : 912-260-2058
Email : douglasshipping@southwire.com

Bill of Lading : 00328860069935360-2



SID# : 6993536
TMS ID : 0003964891

SHIP TO

Name : SOUTHWIRE DFW CSC
Address : 14800 BLUE MOUND RD

Carrier Name : CAPABLE TRANSPORT INC
Trailer Number : 03250
Seal Number : 60831689-60831690

City/State/Zip : HASLET, TX, 76052

SCAC : CLHY
Pro Number : 0156427

THIRD PARTY FREIGHT CHARGES BILL TO:

Name :
Address :



City/State/Zip :

SPECIAL INSTRUCTIONS: Master Bill of Lading:
00328860069935360

Freight Charge Term: Prepaid: ☒

(freight charges are prepaid unless marked otherwise)

Collect: ☐3rd Party: ☐

☐ Master Bill of Lading: with attached
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CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NO.	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	
See Attached			Y	N	
Bill of Lading Supplement			Y	N	
			Y	N	
GRAND TOTAL					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE				COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350		NMFC #	CLASS
5		16		17386 LB					
				GRAND TOTAL					

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Signature _____ Shipper

SHIPPER SIGNATURE/ DATE

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Trailer Loaded: Freight Counter:

☒ By Shipper☐ By Driver☒ By Shipper☐ By Driver/pallets said to contain☐ By Driver/Pieces

CARRIER SIGNATURE/ PICKUP DATE

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