



INVOICE

BILL TO:
AVENUE LOGISTICS LLC
325 W OHIO STREET 3RD FLOOR
CHICAGO, IL 60654

INVOICE DATE: 02/17/2025
INVOICE #: R77431
TERMS: NET 30
DUE DATE: 03/17/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
02/14/2025		875 E Park Ave, Libertyville, IL, 60048 - 710 South Military Trail, Suite 710, Deerfield Beach, FL, 33442			
		Freight Income	1	\$3,300.00	\$3,300.00

TOTAL
\$3,300.00

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

**Bill To Information**

Please send invoices and backup information to:

Email: ap@avenuelogistics.com

Sent By: Austen Collins**Email** acollins@avenuelogistics.com**Phone** (773) 943-6252**Fax****Office** KANSAS CITY OFFICE**Rate/Route Confirmation for ROYAL3 INC \$3,300.00**

Shipment Details				
Shipment #	70723591	BOL #	Carrier Miles	1392.46
		Pallet Count	20	Temperature
Cust Ref/PO #	TO447	Eq Type	53' Van or Reefer	
Todays Date	2/13/2025 12:42	Eq ID		
Description of Merch:	Packaging 20.00 PIECES @ 44000.00 Pounds			

Carrier Details			
Carrier	ROYAL3 INC	Driver Name	ASTA MIJAC DISPATCHER
MC	944686	Dispatch Phone	(630) 485-7370
DOT #	2828543	Fax	
SCAC	ZFIH	Carrier Ref	

Stop Details					
Stop	Type	Pcs/Type/Wt	Address	Appt Date	Appt Time PU/Delv #
1	Pickup	20 PIECES 44000 lbs	ADVANCED STORAGE 875 E PARK AVE LIBERTYVILLE, IL, 60048 PN: (847) 658-1215	2/14/25	11:00 - 14:00 TO447
2	Delivery	20 PIECES 44000 lbs	NATIONAL TREATMENT DELIVERY AND CARE, LLC 710 SOUTH MILITARY TRAIL SUITE 710 DEERFIELD BEACH, FL, 33442 PN: (954) 758-5350	2/17/25	08:00 - 15:00 TO447

Shipment Line Items		
Total Pcs: 20 PIECES	Total Pallets: 20	Total Weight: 44000 lbs

Carrier Rate Agreement						
Item #	Charge Description	Unit Price	Unit Type	Unit Quantity	Rate	Note
1	Line Haul	\$3,300.00	Flat Rate	1	\$3,300.00	
Total:					\$3,300.00	

ROYAL3 INC
6850 W 63RD STREET, CHICAGO, IL (If this is not your information, notify dispatch immediately)

Signature _____ **Date** _____

Terms of Agreement	
1.	_____
2.	PLEASE HAVE DRIVER CALL 773-945-0999
3.	Carrier must advise if any delivery schedules, specifications, instructions, or requirements cannot be legally accomplished, or if the avoidance of any fines, penalties, or deductions would require or result in the violation of any laws or regulations.
4.	The rate includes fuel surcharge, and no other rates or charges, including carrier tariffs, shall apply. By signing this Contract for Transportation or accepting the load, the carrier agrees to the Motor Carrier Agreement terms.
5.	CARRIER confirms insurance coverage of at least \$1,000,000 in auto and general liability, and \$100,000 in cargo coverage.
6.	Compensation may be withheld for double-brokering, rail movement, freight consolidation, or non-fulfillment of services.
7.	Trailer Seals: Apply a seal and note its number on the bill of lading before leaving the shipper. Seals can only be broken with Avenue Logistics Management's written approval. Delivering without the intact seal may lead to a claim.
8.	Travel directions from Avenue Logistics are informational. Carriers must ensure lawful and safe operation of vehicles and contents, complying with all laws and regulations.
9.	_____
10.	BILLING INSTRUCTIONS: All AP Questions or Invoice Status requests: apquestions@avenuelogistics.com Documents: ap@avenuelogistics.com Documentation Required- Invoice and POD. If applicable, Lumper Receipt, Scale Ticket, Escort Receipt, Detention Slip or IN/OUT times on POD. Direct Line: 773-945-1006 Fax: 312-661-9150

Date: 2/14/2025

Bill of Lading - Short Form - Not Negotiable

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Ship From

Name: **ADVANCED STORAGE**
 Address: **875 E PARK AVE**
 City/State/Zip: **LIBERTYVILLE, IL 60048**
 Tel: **(847) 658-1215**

FOB: ☐Bill of Lading Number: **70723591**Customer Ref: **T0447**

Seal #049286

Ship To

Name: **NATIONAL TREATMENT DELIVERY AND CARE, LLC**
 Address: **710 SOUTH MILITARY TRAIL SUITE 710**
 City/State/Zip: **DEERFIELD BEACH, FL 33442**
 Tel: **(954) 758-5350**

Location: _____

FOB: ☐Carrier Name: **ROYAL3 INC**Trailer number: **W97975**

Serial number(s): _____

Container number: _____

Seal number: _____

Third Party Freight Charges Bill to

Name: **Avenue Logistics, LLC** Tel: **888-602-4273 ext.3**
 Address: **325 West Ohio Street 3rd Floor**
 City/State/Zip: **Chicago, IL 60654**
 Fax: **312-661-9125**

SCAC: **ZFIH**

Carrier Pro: _____

Special Instructions:

Freight Charge Terms (Freight charges are prepaid unless marked otherwise):

Prepaid ☐ Collect ☐ 3rd Party ☒

Master bill of lading with attached underlying bills of lading.

Customer Order Information

Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
Order Number:	20.00	44000.00 lbs	Y	N	Ship Ref: T0447
			Y	N	Pickup From: 02/14/2025 11:00 AM
			Y	N	Pickup To: 02/14/2025 02:00 PM
			Y	N	Delivery Info
			Y	N	Cons Ref: T0447
			Y	N	Delivery From: 02/17/2025 08:00 AM
			Y	N	Delivery To: 02/17/2025 03:00 PM
Grand Total	20	44000.00 lbs			

Carrier Information

Handling Unit		Cartons		Weight	DIMS	HazMat	Commodity Description	LTL Only	
Qty	Type	Qty	Type					NMFC No.	Class
20	Pallets	20.00	PIECES	44000.00			Packaging		

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 _____

COD Amount: \$ _____

Terms:

Collect ☐ Prepaid ☐ Cust. check acceptable ☐

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(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 charges and all other lawful fees.

Shipper Signature: _____

J. J. JEFFERSON

Shipper Signature/Date: _____
 This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded By:
 _____ Shipper
 _____ Driver

Freight Counted By:
 _____ Shipper
 _____ Driver/pallets
 _____ 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.

Received

 2/17/25