



## INVOICE

**BILL TO:**

AM TRANSPORTATION SERVICES LLC  
8 HOLLIS STREET  
GROTON, MA 01450

**INVOICE DATE:** 02/21/2025**INVOICE #:** B78022**TERMS:** NET 30**DUE DATE:** 03/21/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
02/18/2025		2301 E 16th St, Russellville, AR 72802, USA - 2050 Cornell Ave, Melrose Park, IL 60160, USA			
		Freight Income	1	\$1,300.00	\$1,300.00

**TOTAL**

\$1,300.00

**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**



AM TRANS EXPEDITE, LLC  
FUSION TRANSPORT P.O BOX 24498  
INVOICES@AMTRANSEXPEDITE.COM  
NEW YORK NY 10087-4498

PRO # 649907

Rate Confirmation

02/18/25 14:45:46 (EST)

F  
R  
O  
M

AUSTON MCDAVID  
X 420 (p)  
(843) 564-0897 (c) (843) 564-0897 (c)  
amcdavid@fusiontransport.com

C  
A  
R  
R  
I  
E  
R

BRZ  
(708) 303-5150 (p)  
(708) 303-5150 (f)  
MC # 86875 Truck #  
DOT 3119062 Trailer #  
Driver BRYAN Cell # (956) 416-7820

Size & Type: VAN

Description: GENERAL CARGO

Miles:

Pieces:

Weight: 10010

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1300.00	CONFIRM PIECE COUNT SIGNED ON BOL BEFORE LEAVING SHIPPER AND SEND TO AM TRANS FOR GOOD TO GO // // DEDICATED TRUCK ONLY // MUST HAVE MACRO POINT OR RATE REDUCTION // MUST HAVE POD NAME AND SIGNED AND GET GOOD TO GO FROM AM TRANS BEFORE LEAVING RCVR // ANY LEFT FREIGHT WILL RESULT IN FULL RATE REDUCTION / IF YOU PARTIAL YOU WILL GET \$0 PAYMENT FULL REDUCTION
TOTAL RATE	1300.00	

PICK 1

MAHLE ENGINE COMPONENT  
2301 EAST 16TH STREET  
RUSSELLVILLE AR

Appointment 02/18/25

STOP 1

CEVA MELROSE PARK  
2050 CORNELL AVE  
MELROSE PARK IL

Appointment 02/19/25

EMAIL INVOICE AND POD TO INVOICES@AMTRANSEXPEDITE.COM FOR STANDARD PAY TERM  
DRIVER IS RESPONSIBLE FOR COUNTING PIECES AND SIGNING FOR NUMBER OF PIECES  
RECEIVED. IF FOR ANY REASON THERE IS A PROBLEM WITH THE COUNT, DRIVER MUST  
CONTACT BROKER FOR ASSISTANCE. THE RATE QUOTED BY THE BROKER, AM TRANS  
EXPEDITE, INC. TO THE CARRIER ADDRESSED ON THIS AGREEMENT, HEREIN AND IS HERBY  
CONFIRMED AND AGREED TO AS THE RATE ASSESSED FOR THE SHIPMENT. FURTHER MORE,  
BY ACCEPTING THIS SHIPMENT AT THE RATE QUOTED, THE CARRIER AGREES TO HOLD  
HARMLESS THE SHIPPER, CONSIGNEE, AND BROKER FOR ANY BILLING IN EXCESS OF THE  
RATE AND CHARGES AS QUOTED IN THE AGREEMENT. CARRIER AGREES TO BE RESPONSIBLE  
FOR CARGO INSURANCE ON A FULL VALUE BASIS FOR ALL SHIPMENTS IN THEIR CARE,  
CUSTODY, AND CONTROL. CARRIER ASSUMES THE LIABILITY OF A COMMON CARRIER  
(I.E. CARMACK AMENDMENT LIABILITY) FOR LOSS, DELAY, DAMAGE TO OR DESTRUCTION  
OF ANY AND ALL OF CUSTOMER'S GOODS OR PROPERTY WHILE UNDER CARRIER'S CARE,  
CUSTODY OR CONTROL. CARRIER SHALL PAY BROKER, OR ALLOW BROKER TO DEDUCT FROM  
THE AMOUNT BROKER OWES CARRIER, CUSTOMER'S FULL ACTUAL LOSS FOR THE KIND  
AND QUANTITY OF COMMODITIES SO LOST, DELAYED, DAMAGED OR DESTROYED. CARRIER  
SHALL BE LIABLE TO BROKER FOR ALL ECONOMIC LOSS, INCLUDING CONSEQUENTIAL  
DAMAGES THAT ARE INCURRED BY BROKER OR THE CUSTOMER FOR ANY FREIGHT  
LOSS, DAMAGE OR DELAY CLAIM.  
CARRIER ASSUMES THE LIABILITY OF A COMMON CARRIER (I.E. CARMACK AMENDMENT  
LIABILITY) FOR LOSS, LETS FEES, DAMAGE TO OR DESTRUCTION OF ANY AND ALL OF  
CUSTOMER'S GOODS OR PROPERTY WHILE UNDER CARRIER'S CARE, CUSTODY OR CONTROL.  
CARRIER SHALL PAY BROKER, OR ALLOW BROKER TO DEDUCT FROM THE AMOUNT BROKER OWE  
CARRIER, CUSTOMER'S FULL ACTUAL LOSS FOR THE KIND AND QUANTITY OF COMMODITIES  
SO LOST, DELAYED, DAMAGED OR DESTROYED. CARRIER SHALL BE LIABLE TO BROKER FOR

(Rate Confirmation Details on Next Page)

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

Send Carrier Bills to the Address Above

PRO # 649907

must appear on all Invoices



AM TRANS EXPEDITE, LLC  
FUSION TRANSPORT P.O BOX 24498  
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NEW YORK NY 10087-4498

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BRZ  
(708) 303-5150 (p)  
(708) 303-5150 (f)  
MC # 86875 Truck #  
DOT 3119062 Trailer #  
Driver BRYAN Cell # (956) 416-7820

*ALL ECONOMIC LOSS, INCLUDING CONSEQUENTIAL DAMAGES THAT ARE INCURRED BY BROKE OR THE CUSTOMER FOR ANY FREIGHT LOSS, DAMAGE OR DELAY CLAIM. CARRIER COULD BE HELD RESPONSIBLE FOR LATE FEES PROVIDED FROM THE CUSTOMER.*

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D

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P.O. Box 60467 AMF  
Houston, TX 77205  
Customer Service (800) 888-4949  
Corporate Office: (800) 821-9956

PLEASE ENTER COMPLETE NAME AND ADDRESS OF SHIPPER AND CONSIGNEE

Date **02/18/2025** Origin **ORD** Dest.

Shipper's Name and Address <b>MAHLE ENGINE COMPONENTS</b> <b>2301 East 16th Street</b> <b>Russellville, AR US 72802</b>		Shipper's Account Number		<b>TRANSPORT DOCUMENT</b> Not Negotiable	
Contact/EIN # <b>Jason Brown</b>		Phone# <b>479-890-4404</b>		<b>MOVEMENT#</b> Copies 1, 2 and 3 of this Transport Document are originals and have the same validity.	
PO#		BOL#		It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO CONDITIONS OF CONTRACT ON THE REVERSE SIDE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATIONS OF LIABILITY. SHIPPER may increase such limitation of liability to declaring a higher value for carriage and paying a supplemental charge if required.	
Consignee's Name and Address <b>CEVA Logistics</b> <b>2050 Cornell Ave</b> <b>Melrose Park, IL 60160</b>		Consignee's Account Number <b>CEVA17600</b>		FMC NO. 4490 CEVA FAA-IAC# SW9310028	
Contact/Broker# <b>Amairani Galvan</b>		Phone# <b>1(847)-250-3104</b>		<b>DOMESTIC/TRANSBORDER</b> <input type="checkbox"/> CHARTER <input type="checkbox"/> INFO/SAME DAY <input type="checkbox"/> PRIORITY (NDAY by noon) <input type="checkbox"/> REGULAR DAY (NDAY by 5PM) <input type="checkbox"/> 2nd DAY <input type="checkbox"/> ECONOMY <input type="checkbox"/> DATE SPECIFIC	
PO#		BOL#		<b>LOCAL</b> <input type="checkbox"/> DIRECT <input type="checkbox"/> HOT SHOT <input type="checkbox"/> REGULAR <input type="checkbox"/> NEXT DAY <input type="checkbox"/> LIFTGATE <input type="checkbox"/> TWO PERSON <input type="checkbox"/> INSIDE	
BILLING ADDRESS (if other than shipper or consignee)		Acct.# <b>CIRC26941C</b>		<b>OCEAN</b> <input type="checkbox"/> DOOR TO PORT <input type="checkbox"/> PORT TO PORT <input type="checkbox"/> PORT TO DOOR <input type="checkbox"/> DOOR TO DOOR <input type="checkbox"/> CUSTOMS CLEARANCE <input type="checkbox"/> FREE DOMICILE	
Carrier is <b>BRZ</b> <b>HAWB C13543441</b> <b>SO 202551198201</b> <b>Billing Dossier: 112 112 0308810</b>				<b>INT'L AIR</b> <input type="checkbox"/> DOOR TO PORT <input type="checkbox"/> PORT TO PORT <input type="checkbox"/> PORT TO DOOR <input type="checkbox"/> DOOR TO DOOR <input type="checkbox"/> CUSTOMS CLEARANCE <input type="checkbox"/> FREE DOMICILE <input type="checkbox"/> CHARTER <input type="checkbox"/> NOW <input type="checkbox"/> PREMIUM <input type="checkbox"/> VALUE <input type="checkbox"/> DIRECT IATA	
Special Instructions:				<input type="checkbox"/> Prepaid <input type="checkbox"/> Third Party <input type="checkbox"/> Collect <input type="checkbox"/> C.O.D.	
These commodities, technology or software were exported from the United States and in accordance with the export administration regulations. Diversion contrary to U.S. law prohibited. The exporter authorizes CEVA to act as forwarding agent for export control and customs purposes.		COD Amount		Declared Value	
No. of Pieces <b>15</b>		Gross Weight <b>4,550 KGS</b>		Amount of Insurance	
Description of Goods <b>MACHINE PARTS</b>		Schedule B# (INTL)		INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance".	
Dimensions <b>13@ 72x24x12</b> <b>2@ 88x24x12</b>					
Totals					
<input type="checkbox"/> This shipment contains dangerous goods AS PER ATTACHED SHIPPERS DECLARATION. UN# OR ID# 24HR CONTACT NUMBER		DOCK INSP		PU BOL/PTP/QUOTE#	
I certify that the cargo does not contain any unauthorized explosives, incendiaries or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for at least 30 days.		HAWB REVIEW			
Company Name <b>Mahle</b>		Signature of Shipper or its agent <i>Jason H. Brown</i>		Date <b>2/18/25</b>	
Print Name <b>Jason H. Brown</b>		DRIVER AGENT/VEHICLE#		C.O.D.	
ID Type		ID#		Check#	
PHOTO ID		YES/NO		Total Collect Charges	
ID Type		ID#		PU TIME/DATE	
Received in good condition by:		Date/Time			
Executed on (date)		at (place)		Signature of Issuing Carrier or its Agent	