



# INVOICE

**BILL TO:**  
ALL BOUND LOGISTICS LLC  
13101 NORTH FLORIDA AVENUE  
TAMPA, FL 33612

**INVOICE DATE:** 03/26/2025  
**INVOICE #:** B82924  
**TERMS:** NET 30  
**DUE DATE:** 04/26/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/24/2025		1965 E Russell Rd, Las Vegas, NV 89119, USA - 8822 S Dobson Ave, Chicago, IL 60619, USA			
		Freight Income	1	\$2,700.00	\$2,700.00

TOTAL
\$2,700.00

**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**

## Rate & Load Confirmation

### All Bound Logistic LLC

13101 n florida ave  
Tampa, FL, USA 33612  
Phone: 305-433-6331  
Fax:

Dispatcher:	Ammy R	<b>LOAD #</b>	8940
Phone #:	305-677-9591	Ship Date:	2025-03-24
Fax #:		Today's Date:	2025-03-24
Email:	ammy@allboundlogistics.com		
W/O:			

Carrier	Phone #	Fax #	Equipment	Agreed Amount	Load Status
RIKI TRANSPORTATION INC.	708-303-5150		53' Van	\$2,700.00 USD	Open

<b>Consignee 1</b> Antek Madison Plastics 8822 S. Dobson Ave Chicago, IL, 60619	<b>Date:</b> 2025-03-24 <b>Time:</b> <b>Type:</b> <b>Quantity:</b> <b>Weight:</b> lbs <b>Notes:</b> Detention and any other charges are not paid on Chicago, IL plant shipments due to uncontrollable delays.	<b>Purchase Order #:</b> <b>Major Intersection:</b> <b>Receiving Hours:</b> 07 AM - 03 PM <b>Appointment:</b> No <b>Description:</b>
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<b>Shipper 1</b> Marnell Airport Center/H & H Enterprises 1965 East Russell Rd., Suite 303 Las Vegas, NV Las Vegas, NV,	<b>Date:</b> 2025-03-24 <b>Time:</b> <b>Type:</b> <b>Quantity:</b> <b>Weight:</b> lbs <b>Notes:</b> Driver is responsible for securing the load and for any shortage and damage. Charges will be applicable for late pickups and deliveries and for no-pickup also	<b>Purchase Order #:</b> <b>Major Intersection:</b> <b>Shipping Hours:</b> <b>Appointment:</b> Yes <b>Description:</b>
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### Dispatch Notes:

\*\*\*If the carrier does not pick up the load after signing this ratecon the carrier agrees to pay a fee of \$300. This shipment requires all bills and paperwork to be turned in within 24 hours of delivery. If you fail to do so, you will be subject to a fine of \$200\*\*\* This is a Double Blind Shipment and failure to do so may leads to deduction.

\*\*\*SIGNED PROOF OF DELIVERY, BY THE CONSIGNEE, IS REQUIRED FOR PAYMENT\*\*\*

**Carrier Pay:** Line Haul: \$2700.00, **TOTAL: \$2700.00 USD**

**Accepted By:** Steve Tatum **Date:** 03/24/2025 **Signature:** Steve Tatum  
**Driver Name:** Marc Lounes Tanelus **Cell #:** (561) 975-6975 **Truck #:** 859 **Trailer #:** W25335



**Bill of Lading: AA2085**

**Date:**

**FROM:**

**TO:**

Plast-Ex International Inc.  
 2075 Swanson Court,  
 Gurnee, IL 60031

Antek Madison  
 8822 S. Dobson Ave  
 Chicago, IL 60619

**PO#: C-124516**

**Special Instructions by Shipper:**

**Reference#:**

NO. SHIPPING UNITS	DESCRIPTION OF ARTICLES SPECIAL MARKS & EXCEPTIONS	NET WEIGHT	GROSS WEIGHT	COMMENTS
	PP 2-4 Mlt Homo Printed Cup Regrind			
Pd # B25/0090		40	40.651	
TOTAL WEIGHT:		40.651		

RECEIVED IN APPARENT GOOD ORDER

Received By (Signature):

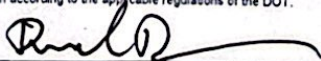
26-03-25

Print Name:

Hector

Date:



Date:		<b>BILL OF LADING</b>		Page 1 of 1	
<b>SHIP FROM</b>			BAR CODE SPACE		
Name: Marnell Airport Center /H & H ENTERPRISES Address: 1965 East Russell Road, Suite 303 City/State/Zip: LAS VEGAS ,NV 89119 SID#: _____ FOB: <input type="checkbox"/>					
<b>SHIP TO</b>			BAR CODE SPACE		
Name: PLAST-EX USA, LLC Location #: _____ Address: 2075 SWANSON COURT City/State/Zip: GURNEE, IL 60031 CID#: _____ FOB: <input type="checkbox"/>					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			BAR CODE SPACE		
Name: _____ Address: _____ City/State/Zip: _____					
SPECIAL INSTRUCTIONS:			<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3 <sup>rd</sup> Party <u>XXXX</u>		
			<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
<b>CUSTOMER ORDER INFORMATION</b>					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
PO#B25/0090	40	40.651	Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
<b>GRAND TOTAL</b>					
<b>CARRIER INFORMATION</b>					
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)
QTY	TYPE	QTY	TYPE		
40	PLTS	N/A	N/A	40.651	
N/A		N/A			
				<b>GRAND TOTAL</b>	
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: \$ _____	
				Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</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.	
<b>SHIPPER SIGNATURE / DATE</b> <small>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.</small> 		<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>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.</small>					