



INVOICE

BILL TO:
KEYSTONE TRANSPORTATIONQUICK FREIGHT
RATES
111 RYAN COURT
PITTSBURGH, PA 15205

INVOICE DATE: 04/03/2025
INVOICE #: R84367
TERMS: NET 30
DUE DATE: 05/03/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/02/2025		1501 N 10th, Millville, NJ 08332 - 421 W. Industrial Lake Drive, Lincoln, NE 68528			
		Freight Income	1	\$2,400.00	\$2,400.00

TOTAL
\$2,400.00

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 Confirmation

KDL/

Load #: B200129977

BOL #: KTS5127632

FROM: MC#: 364101

PH:

EM:

Carrier Name: Royal 3 Inc

Driver:

TO: Dispatch

PH: 773-420-4457

EM: leticia.hernandez@forzatrans.com

Trailer #:

Fed ID: 46-2470286

MC Nbr: 944686

Origin	Destination
DWK LIFE SCIENCES 1501 N10th Millville, NJ 08332 Hours: 8-5pm Contact: receiving Phone: 856-776-4231 EM: Ship Date: 04-02-2025 Apt #:	Huvepharma, Inc. / AVB 421 W. Industrial Lake Drive Lincoln, NE 68528 Hours: 8-230pm Contact: Phone: EM: Delivery Date: 04-04-2025 Apt #:
ORIGIN NOTES:	DESTINATION NOTES:

PO #: PO # PO31025226-1 Shipper #:

SPECIAL INSTRUCTION:

53FT DRY VAN

PICKUP #2100746194 PO # PO31025226-1

Shipment Details

H/U	Unit	Pcs	HM	Class	Weight	Description	Dimensions	Linear
11	Pallet	11			8,030 Lb	glass	48" X 40" X 50"	24

Total H/U: 11

Total Pieces: 11

Total Weight: 8,030 Lb

LANES / RATES

Origin	Destination
DWK LIFE SCIENCES 1501 N10th Millville, NJ 08332	Huvepharma, Inc. / AVB 421 W. Industrial Lake Drive Lincoln, NE 68528
Total: \$2,400.00	

Email Invoices To:

TLinvoice@kdlog.com

Bill To:

P.O. BOX 752

Carnegie, PA 15106

Accounting Info

Payments are made by
check 15 days from
receipt of invoice and
BOL with receiver
signature
Email: TLinvoice@kdlog.com
or Call 412-429-2152 with
questions

MC#: 364101

**ALL DETENTION AND/OR ACCESSORIAL CHARGES MUST BE
APPROVED BY DISPATCH AT THE TIME OF OCCURANCE OR
THEY WILL NOT BE ACCEPTED.**

**CARRIER/DRIVER IS RESPONSIBLE FOR SECURING/BRACING
ALL LOADS**

**CARRIER WILL NOT RE-BROKER, ASSIGNED, OR INTERLINE THIS SHIPMENT WITHOUT PRIOR WRITTEN CONSENT OF THE
BROKER. If CARRIER breaches this provision, BROKER shall have the right to VOID this RATE CONFIRMATION.**

NO EXCEPTIONS

To Accept / Acknowledge the quoted rate, please sign and email your KDL Capacity Coordinator

BY SIGNING THIS RATE CONFIRMATION YOU ARE AGREEING TO THE FOLLOWING CONDITIONS/FEES:

NOT TO BROKER THE SHIPMENT TO ANOTHER PARTY. A FINE OF \$10,000 WILL BE CHARGED IF YOU DO SO.

TO PARTICIPATE IN FOUR KITES CELL PHONE TRACKING. A \$50.00 RATE REDUCTIONS WILL BE ASSESSED IF YOU DO NOT

TO PROVIDE DEDICATED TRUCK SERVICE AND NOT LOAD OTHER FREIGHT WITH OURS. PARTIAL LOADS ADDED WILL REDUCE THE RATE BY 50%

Name: Joey Cimbaleric **Date:** _____

Pick up and delivery dates / times are for optimal shipping / receiving times for the shipper / consignee. Routing instructions if provided are for informational purposes only.

Carrier acknowledges and agrees information contained herein requires services to be performed within federal hours of service regulations and carrier will NOT violate these regulations

Today's Date: 04-02-2025

Dispatch Ph:

Bill of Lading**AFFIX PRO STICKER HERE****Non-Negotiable**

RECEIVED, subject to the "COMMON CARRIER RATE AGREEMENT" or the CONTRACT between the Shipper and Carrier in effect on the date of shipment, the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any federal or state regulatory agency, except as specifically agreed to in writing by the shipper and the carrier.

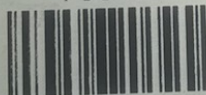
ORIGIN: DWK LIFE SCIENCES 1501 N10th Millville, NJ 08332 Hours: 8-5pm Contact: receiving Phone: 856-776-4231 Fax: Apt #:	DEST: Huvepharma, Inc. / AVB 421 W. Industrial Lake Drive Lincoln, NE 68528 Hours: 8-230pm Contact: Phone: Fax: Apt #:
SEND INVOICE TO DWK Life Sciences c/o KDL P.O. Box 752 Carnegie, PA 15106	ACCOUNTING QUESTIONS: TLInvoice@kdlog.com 412-429-2152
Ship Date: 04-02-2025 BOL #: KTS5127632 / Load #: B200129977 PO #: PO # PO31025226-1 SO #: Shipper's #: Carrier's #:	

SPECIAL INSTRUCTIONS: 53FT DRY VAN/PICKUP #2100746194 PO # PO31025226-1

Handling Units	Pieces	HM	Description	NMFC#	Class	Weight	Freight Charges
11 Pallet	11		glass			8030 Lb	Third Party
				48.00" X 40.00" X 50.00"			
Totals:			11 Pieces in/on 11 Handling Units			8030	

RECEIVED BY: [Signature]DATE: 03/27/25

79562



Subject to Section 7 of the agreement between Shipper and Carrier, if the shipment is to be delivered to the consignee without recourse on the consignor, the originator shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all lawful charges.

DWK LIFE SCIENCES

C.O.D. AMOUNT \$

Remit C.O.D. amount to:

CARRIERS C.O.D. FEE PAID BY:

____ Shipper ____ Consignee

FORM OF PAYMENT

____ Company Check

____ Money Order

____ Cashiers Check

____ Other

Carrier's liability is for actual loss unless otherwise agreed in Appendix B to Common Carrier Rate Agreement, contract, or stated below. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per pound.

per _____ Shipper

per _____ (Shipper or Shipper's Agent Signature)

Time & Date tendered _____ AM/PM

PERMANENT ADDRESS:

Accepted in good order and condition, unless otherwise stated herein.

PIECES _____

Exceptions:

Driver Load: Yes _____ No _____

Placard Provided: Yes _____ No _____

Royal 3 Inc

per _____ (Driver's Signature)

Time & Date tendered _____ AM/PM

Shipper Certification

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

per M. WahlDate 4/2/25**Carrier Certification**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent document in the vehicle.

per _____ Package Nos. _____

Date _____