



## INVOICE

**BILL TO:**  
SATURN FREIGHT SYSTEMS  
PO BOX 680308  
Marietta, GA 30068

**INVOICE DATE:** 04/04/2025  
**INVOICE #:** R84232  
**TERMS:** NET 30  
**DUE DATE:** 05/04/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/01/2025		1000 S Industrial Dr, Erwin, TN 37650 - 11355 Rojas Dr, El Paso, TX 79936			
		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**



DATE: 4/1/2025  
HAWB#: ELP 5310188

# LOAD - RATE CONFIRMATION

SATURN (ELP)  
P.O. BOX 680308  
MARIETTA, GA 30068  
Phone: 877-789-3247 Fax: 915 -356-1873  
REFERENCE NO: 5310188

CARRIER: ZIGI FREIGHT DBA ROYAL 3 INC

CONTACT:  
PHONE: 1-630-485-7370  
FAX: 16304856980  
PIECES: 18  
WEIGHT: 20000.  
COMMODITY DESCRIPTION:  
REQUIRED EQUIPMENT:  
CUSTOMS BROKER:

## INSTRUCTIONS TO DRIVER

1. MUST PROVIDE DRIVERS CELL PHONE.
2. DRIVER MUST CALL ABOVE NUMBER WHEN ARRIVING AT SHIPPER
3. DRIVER MUST CALL WHEN DEPARTING SHIPPER WITH ETA.
4. DRIVER MUST CALL WITH POD WHEN DELIVERED.
5. FAILURE TO TO ACCEPT MACROPOINT OR PROVIDE UPDATES WILL EFFECT PAYMENT.

FAILURE TO FOLLOW ABOVE INSTRUCTIONS WILL AFFECT PAYMENT

SHIPPER	CONSIGNEE
PLASTIEXPORTS 1000 S INDUSTRIAL DR  ERWIN, TN 37650 PHONE: FAX: CONTACT:	PLASTIEXPORTS C/O RW FORWARDING 11355 ROJAS DR  EL PASO, TX 79936 PHONE: FAX: CONTACT:
PICK-UP TIME 4/1/2025 9:00 AM	DELIVERY TIME by 4/3/2025 by 8:00 AM
PICK-UP INSTRUCTIONS	DELIVERY INSTRUCTIONS

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AGREED RATE           \$ 3,300.00

By signing below, you are agreeing to the Terms and Conditions of this Load/Rate Confirmation.

FOR PAYMENT: ALL INVOICES AND BACKUP MUST BE SENT TO AP@SATURNFREIGHT.COM

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Carrier Pro#



Fax To: ISRAEL RODARTE

Fax#:

915 -356-1873

# STANDARD TRUCKLOAD BILL OF LADING

Page 1 Of 1

<b>SHIP FROM</b>		Bill of Lading Number: 5310188	
Name: PLASTIEXPORTS			
Address: 1000 S INDUSTRIAL DR			
City/State/Zip: ERWIN, TN 37650, US			
Phone:	Contact:	FOB:	CARRIER NAME: ZIGI FREIGHT DBA ROYAL 3 INC
SID#:			Trailer Number:
<b>SHIP TO</b>		Seal Number:	
Name: PLASTIEXPORTS C/O RW FORWARDIN		SCAC:	
Address: 11355 ROJAS DR		Pro number: 5310188	
City/State/Zip: EL PASO, TX 79936			
Phone:			
Contact:			
SID#:		FOB:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
Name:		Prepaid _____ Collect _____ 3rd Party _____	
Address:		Master Bill of Lading: with attached underlying bills of Lading	
Ship Date/Time: 04/01/2025 09:00	Sch. Delivery Date/Time: 04/03/2025 08:00	(check)	

SPECIAL INSTRUCTIONS:

CARRIER INFORMATION				
PACKAGE		WEIGHT	HazMat (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>
QTY	TYPE			
18	PALLET	20000.0	<input type="checkbox"/>	
16				
16		20000.0		
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 \_\_\_\_\_.

COD Amount: \$ \_\_\_\_\_

Fee Terms: Collect: \_\_\_\_\_ Prepaid: \_\_\_\_\_

Customer check acceptable: \_\_\_\_\_

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. §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 the terms and conditions set forth on the reverse side hereon as well as 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.

Shipper Signature

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: \_\_\_\_\_ Freight Counted: \_\_\_\_\_  
 \_\_\_\_\_ By Shipper \_\_\_\_\_ By Shipper  
 \_\_\_\_\_ By Driver \_\_\_\_\_ 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

SHIPPER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_