



INVOICE

BILL TO:

PRIORITY-1 INC
401 W CAPITOL AVENUE 6TH FLOOR
LITTLE ROCK, AR 72201

INVOICE DATE: 04/04/2025**INVOICE #:** R84559**TERMS:** NET 30**DUE DATE:** 05/04/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/03/2025		9070 General Dr, Plymouth, MI 48170 - 120 N Broad St, Galesburg, IL 61401			
		Freight Income	1	\$1,100.00	\$1,100.00

TOTAL

\$1,100.00

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

Carrier Load Tender

Reference: 60110197099 (BOL)	Carrier: ROYAL3 INC. (944686)	Tender: 04/03/2025 12:46
	Contact: Bonnie (Bonnie@ROYAL3INC.COM)	Contact: Rob Haynie
	Phone: 630-566-1434	Phone: (501) 487-6543
	Fax:	Email: Rob.Haynie@priority1.com
		Main Line: 501-372-3925

Bill To:	Priority 1 Inc. (P.O. Box 398) North Little Rock, AR 72115
Equipment:	53' Dry Van ,
Service Type:	Full

Stop 1 Pick

Thursday, April 3, 2025 07:00 - 15:00	Total Weight:	20413.00 lb	Total Quantity:	13
Pace, Inc. (9070 General Dr) Plymouth, MI 48170				
Contact: Phone: +17344536258				
Packaging: 6 Crate(s)	Total Weight: 8,538 lbs	Dimensions: " x " x "	Linear Feet: 0	Description: Mowers
Packaging: 7 Crate(s)	Total Weight: 11,875 lbs	Dimensions: " x " x "	Linear Feet: 0	Description: Mowers
Carrier Notes:				
Special Instructions:				

Stop 2 Drop

Friday, April 4, 2025 07:00 - 17:00	Total Weight:	0 lb	Total Quantity:	
Power Plus Equipment LLC (904 East Columbia St) Arthur, IL 61911				
Contact: Phone: +12175433113				
Carrier Notes:				
Special Instructions:				

Stop 3 Drop

Friday, April 4, 2025 08:00 - 16:00	Total Weight:	0 lb	Total Quantity:	
Webber Rental and Supply (120 N Broad St) Galesburg, IL 61401				
Contact: Jenny Phone: +13093434125				
Carrier Notes:				
Special Instructions:				

Freight Terms

Charge Details			
Description	Rate		Charge
Line Haul	1100.00	Flat Rate	\$1,100.00 USD
Total:			\$1,100.00 USD

Freight Terms: \$1,100.00 USD Third Party (lb)

References

Order: U20Y1/00 U2203/00

Carrier Instructions

Most receivers do not have docks, they will be pulling the freight to the back of the trailer for offload. Metal Floors Preferred. Deliveries to General Driver need to deliver by noon to get unloaded

Thank you for doing business with Priority 1.

DRIVERS NAME: _____

TRUCK #: _____

TRAILER #: _____

DRIVER CELL#: _____

DISPATCHER / PRIORITY 1

CARRIER SIGNATURE

All invoices & PODs are to be sent to Priority 1 within 72 hours of delivery. Please email invoice and POD to: tlap@priority1.com. Please provide Priority 1's reference number on your invoice.

BOL NO: 60110197099

BILL OF LADING

Carrier: ROYAL3 INC., 944686

Shipper

Pickup Date: 04/03/2025

Pace, Inc.
9070 General Dr
Plymouth, MI 48170
P: +1 (734) 453-6258

Origin Terminal

Plymouth, MI 48170
Phone: P: +1 (734) 453-6258

Destination Terminal

Galesburg, IL 61401
Phone: P: +1 (309) 343-4125

Consignee

Truckload Identifiers

Webber Rental and Supply
120 N Broad St
Galesburg, IL 61401
Jenny
P: +1 (309) 343-4125

Order: U2201700 U2203/00
Pickup Hours: 07:00 - 15:00
Delivery Hours: 08:00 - 16:00

3rd Party Bill To

Priority 1 Inc.
P.O. Box 398
North Little Rock, AR 72115
P: +1 (866) 569-8035

Special Instructions:

Seal # 40404211

Freight Terms: ☐ Prepaid ☐ Collect ☒ 3rd Party

Units	Type	Weight	Dimensions	HM	Item Description
7	Crate	11,875 lbs			Mowers
7		11,875 lbs			Grand Totals

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 _____."

Remit COD to:

Collect _____ Prepaid _____ Customer check acceptable _____ COD Amount: \$

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.

Trailer Loaded:

___ by Shipper
___ by Driver

Freight Counted:

___ by Shipper
___ by Driver

The Carrier shall not make delivery of this shipment without payment of and all other lawful charges.

Shipper: _____

Shipper Signature / Date

Consignee Signature / Date

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.

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.

Shipper: _____

Consignee: _____

Time In: _____

Time Out: _____

Time In: _____

Time Out: _____

Carrier Signature / Date

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 documentation in vehicle. Property described above is received in good order, except as noted.

Carrier: _____

BILL OF LADING		Carrier: ROYAL3 INC., 944686	
Shipper		Pickup Date: 04/03/2025	
Face, Inc. 9070 General Dr Plymouth, MI 48170 P: +1 (734) 453-6258		Origin Terminal	
		Plymouth, MI 48170 Phone: P: +1 (734) 453-6258	
		Destination Terminal	
Arthur, IL 61911 Phone: P: +1 (217) 543-3113		Truckload Identifiers	
		Order: U20Y1/00 U20Y1/00 Pickup Hours: 07:00 - 15:00 Delivery Hours: 07:00 - 17:00	
Consignee			
Power Plus Equipment LLC 904 East Columbia St Arthur, IL 61911 P: +1 (217) 543-3113			
3rd Party Bill To			
Priority 1 Inc. P.O. Box 398 North Little Rock, AR 72115 P: +1 (888) 569-8035			
Special Instructions: Scal # 46464210			
Freight Terms: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party			
Units	Type	Weight	Dimensions
6	Crate	8,538 lbs	
6		8,538 lbs	
		HM	Item Description
			Mowers
			Grand Totals
<small>When 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 _____."</small>			
Remit COD to:			
Collect _____ Prepaid _____ Customer check acceptable _____ COD Amount: \$			
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.		Trailer Loaded: <input checked="" type="checkbox"/> by Shipper <input type="checkbox"/> by Driver	Freight Counted: <input type="checkbox"/> by Shipper <input type="checkbox"/> by Driver
		The Carrier shall not make delivery of this shipment without payment of and all other lawful charges.	
Shipper Signature / Date		Consignee Signature / Date	
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. Shipper: _____ Time In: _____ Time Out: _____		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. Consignee: _____ Time In: _____ Time Out: _____	
Carrier Signature / Date			
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 documentation in vehicle. Property described above is received in good order, except as noted.			
Carrier: _____			

Paul Yoder