



## INVOICE

**BILL TO:**  
TLX LOGISTICS LLC  
65 IRBY AVE NW #1217  
ATLANTA, GA 30305

**INVOICE DATE:** 04/30/2025  
**INVOICE #:** R88624  
**TERMS:** NET 30  
**DUE DATE:** 05/30/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/29/2025		4351 Bryson Blvd, Florence, AL 35630 - 1601 Pratt Blvd Ste A, Elk Grove Village, IL 60007, USA			
		Freight Income	1	\$1,200.00	\$1,200.00

TOTAL
\$1,200.00

**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**

**TRUCKLOAD PICKUP ALERT**

TLX Logistics, LLC  
8735 Dunwoody Place  
ATLANTA, GA 30350

**Carrier Name: ROYAL3 INC**

Phone: (630) 485-7370  
Fax: (630) 485-6980

**Load #: 123019368**

Shipper Reference #: 2002655675  
PO Number: 2002655675  
Ready date: 4/29/2025  
Date Needed: 4/30/2025

**Shipper Information:**

**Name:** Mohawk Florence, AL  
**Address:** 4351 Bryson Blvd  
Florence, AL 35630

**Contact:****Phone:**

**Ready Time:** 4/29/2025  
12:00 PM

**Close Time:** 4/29/2025  
3:00 PM

**Additional Stop Information:**

**Stop Type:** Drop  
**Name:** LOUISVILLE TILE/S BEND  
**Address:** 2525 FOUNDATION DR  
SOUTH BEND, IN 46628

**Contact:****Phone:****Email:****Consignee Information:**

**Name:** Elk Grove Villa iL SSC  
**Address:** 1601 Pratt Blvd  
Elk Grove Village, IL 60007

**Contact:****Phone:****Close Time:**

List of Items	Pieces	Total Weight
DRY GOODS	1	26,245 lbs

**PICKUP INSTRUCTIONS:**

All Truckloads must be sealed.

**DELIVERY INSTRUCTIONS:**

FCFS 0800-1500 M-F

CARRIER COST: \$1,200.00

Accepted: \_\_\_\_\_  
Driver Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Driver Phone: \_\_\_\_\_

Carrier will bill TLX Logistics, LLC directly for all services provided unless otherwise agreed to in writing. Freight charges will be submitted with a bill of lading and will be paid within 30 days of receipt of freight bill, signed bill of lading, and/or signed delivery receipt. Carrier will be responsible for verifying piece counts at the time of pick up. Discrepancies will be reported immediately (prior to leaving the origin or destination facility). Notations such as STC (said to contain) and SWP (shrink wrap pallet) will not insulate carrier from liability in the event of a cargo claim. Carrier agrees to provide cargo insurance in the amount listed above and a minimum of \$100,000 to compensate owner of property in the event of loss or damage. Carrier also agrees to provide a current certificate of cargo insurance with TLX Logistics, LLC as the certificate holder. In the event of a cargo claim, carrier will be liable for the full invoice value of the loss. Carrier specifically agrees that all freight tendered to it under this agreement shall be transported on equipment operated only under the authority of the Carrier and shall not in any manner sub contract, broker, or in any other form arrange for the freight to be transported by a third party. If Carrier allows any third party to transport or arrange for transport of the shipment herein, Carrier will be responsible as if it transported the shipment directly, and further, Carrier waives any and all claim to payment related to shipments transported in violation of this provision. Shipment will be delivered on a non revenue bill and in no case will freight charges be disclosed to anyone other than TLX Logistics, LLC. Carrier will not transport or accept freight from to the shipper or consignee of this shipment for a period of six (6) months. Carriers consent to pick up shipment acknowledges and constitutes carriers acceptance of the terms and conditions outlined herein. Concealed damage claims reported to the carrier within 15 days of delivery will be treated as if notice of damage was inserted on the bill of lading at delivery. Carrier agrees to acknowledge and respond to claims in accordance with 49 C.F.R Part 370. Carrier agrees to deliver freight and adhere to transit times requested herein. In the event of delay, carrier will notify in writing of any anticipated service failures 24 hours in advance of the originally expected delivery date. Service failures may be subject to a rate deduction at TLX Logistics, LLC's discretion. The venue and jurisdiction for any dispute arising from this agreement and/or relationship between and other parties to this agreement, including but not limited to disputes over individual shipments, shall be brought in the courts serving ATLANTA, GA. If Carrier and TLX Logistics, LLC have entered into a Carrier/Broker Agreement, the provisions of that Agreement will take priority over these terms to the extent of any conflict between the two documents. Loads of Copper if applicable: "Copper is covered, not specifically excluded, in your current cargo form". "Unattended Vehicle Warranty and Locked Vehicle Warranty are endorsements on your cargo policy, and are not otherwise specifically excluded. Carrier is strictly prohibited from transferring part and/or all of the shipment from one trailer to another without written pre-authorization from TLX Logistics, LLC. TLX Logistics, LLC requires all carriers that handle Hazardous Materials Loads to require an ERG Guide in their truck at time of shipment.


Please call (470) 646-3059 immediately with any questions, concerns, or problems!

**Send Invoicing to:** TLX Logistics, LLC | 8735 Dunwoody Place | Ste 7154 | ATLANTA, GA 30350  
(470) 646-3059

# Bill of Lading

## DAL-TILE CORPORATION

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<b>SHIP FROM</b>				Bill of Lading Number: <b>2002655675 MULTI-STOP</b>			
PDC Florence, AL 4351 BRYSON BLVD FLORENCE AL 35630-7318 USA							
<b>SHIP TO</b>				CARRIER NAME: <b>TLX LOGISTICS LLC</b> Trailer number: <b>T97971</b> Seal number(s): <b>5475035</b>			
LOUISVILLE TILE/S BEND BRANCH ID 075 2525 FOUNDATION DR SOUTH BEND IN 46628-4330 USA				Contact Name : Telephone:			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>				SCAC: <b>TXHH</b> PRO number:			
				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
				SPECIAL INSTRUCTIONS:			
				MULTI STOPS      DRIVER CHECK IN			
				Appointment Date/Time(CST)      04/29/2025 / 12:30:00			
				Check In Date/Time(CST)      04/29/2025 / 10:27:56			
				Check Out Date/Time(CST)      04/29/2025 / 12:40:34			
				X      Master Bill of Lading: with attached underlying Bills of Lading			
<b>CUSTOMER ORDER INFORMATION</b>							
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>		<b>WEIGHT</b>		<b>ADDITIONAL SHIPPER INFO</b>	
SEE ATTACHED UNDERLYING							
BILLS OF LADING							
<b>GRAND TOTAL</b>		440		26244.428 LB			
<b>CARRIER INFORMATION</b>							
<b>Handling Unit</b>		<b>Package</b>		<b>WEIGHT</b>	<b>H.M.</b>	<b>COMMODITY DESCRIPTION</b>	<b>LTL ONLY</b>
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>		<b>(X)</b>		<b>NMFC #      CLASS</b>
18	plts			900.000 LB			
0		440	ctns	26244.428 LB		CTNS TILE, CLAY OR E	182570      60
18		440		27144.428 LB		<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:						<b>COD Amount:</b>	
_____ per _____							
NOTE: Liability Limitation for loss or damage in this shipment may be applicable, See 49 U.S.C. 15706(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						<b>DAL-TILE</b> Shipper	
<b>Shipper Name/ Date/ Time</b> 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 regulation of the U.S. DOT. Shipper: HCHILDERS      Date: 04/29/2025				<b>Trailer Loaded:</b> X By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> X By Shipper <input type="checkbox"/> By Driver/pallets <input type="checkbox"/> By Driver/pieces	
<b>CARRIER SIGNATURE/PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Carrier: _____ Date: _____							



# Bill of Lading

## DAL-TILE CORPORATION

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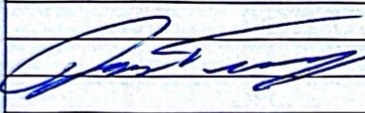
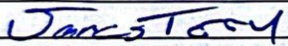
<b>SHIP FROM</b>		<b>SHIP TO</b>		<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		<b>SPECIAL INSTRUCTIONS:</b>		<b>STOP #FD</b>		<b>DRIVER CHECK IN</b>		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>  Master Bill of Lading: with attached underlying Bills of Lading	
PDC Florence, AL 4351 BRYSON BLVD FLORENCE AL 35630-7318 USA		SSC Chicago, IL Dal-Tile SSC Chicago, IL 1601 PRATT BLVD ELK GROVE VILLAGE IL 60007-5716 USA		Contact Name : Telephone:		Bill of Lading Number: <b>2002655675 #FD</b>  		CARRIER NAME: <b>TLX LOGISTICS LLC</b> Trailer number: <b>T97971</b> Seal number(s): SCAC: <b>TXHH</b> PRO number:		Appointment Date/Time(CST) 04/29/2025 / 12:30:00 Check In Date/Time(CST) 04/29/2025 / 10:27:56 Check Out Date/Time(CST) 04/29/2025 / 12:46:30			
<b>CUSTOMER ORDER INFORMATION</b>													
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>		<b>WEIGHT</b>		<b>ADDITIONAL SHIPPER INFO</b>							
4503020915		408		24363.500 LB									
<b>GRAND TOTAL</b>		408		24363.500 LB									
<b>CARRIER INFORMATION</b>													
<b>Handling Unit</b>		<b>Package</b>		<b>WEIGHT</b>		<b>H.M.</b>		<b>COMMODITY DESCRIPTION</b>		<b>LTL ONLY</b>			
QTY TYPE		QTY TYPE				(X)				NMFC # CLASS			
17 plts				850.000 LB									
408 ctns				24363.500 LB				CTNS TILE, CLAY OR E		182570 60			
17		408		25213.500 LB				<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 _____										<b>COD Amount:</b>			
NOTE: Liability Limitation for loss or damage in this shipment may be applicable, See 49 U.S.C. 15706(c) (1)(A) and (B).										430.75.5TH-09			
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										<b>DAL-TILE</b> Shipper			
<b>Shipper Name/ Date/ Time</b>				<b>Trailer Loaded:</b>		<b>Freight Counted:</b>		<b>CARRIER SIGNATURE/PICKUP DATE</b>					
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 regulation of the U.S. DOT.  Shipper: HCHILDERS Date: 04/29/2025				X By Shipper  <input type="checkbox"/> By Driver		X By Shipper  <input type="checkbox"/> By Driver/pallets <input type="checkbox"/> By Driver/pieces		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Carrier: <b>JEFF</b> Date: 04/29/2025					



# Bill of Lading

## DAL-TILE CORPORATION

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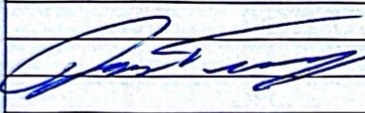
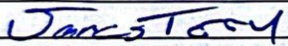
<b>SHIP FROM</b>				<b>SHIP TO</b>				<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>			
PDG Florence, AL 4351 BRYSON BLVD FLORENCE AL 35630-7318 USA				CARRIER NAME: <b>TLX LOGISTICS LLC</b> Trailer number: <b>T97971</b> Seal number(s): <b>5475035</b> SCAC: <b>TXHH</b> PRO number:				Bill of Lading Number: <b>2002655675 #s01</b> 			
LOUISVILLE TILE/S BEND BRANCH ID 075 2525 FOUNDATION DR SOUTH BEND IN 46628-4330 USA				Contact Name : Telephone:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
<b>SPECIAL INSTRUCTIONS:</b>				<b>STOP #s01</b>		<b>DRIVER CHECK IN</b>		Master Bill of Lading: with attached underlying Bills of Lading			
				Appointment Date/Time(CST)		04/29/2025 / 12:30:00					
				Check In Date/Time(CST)		04/29/2025 / 10:27:56					
				Check Out Date/Time(CST)		04/29/2025 / 12:40:34					
<b>CUSTOMER ORDER INFORMATION</b>											
<b>CUSTOMER ORDER NUMBER</b>				<b># PKGS</b>		<b>WEIGHT</b>		<b>ADDITIONAL SHIPPER INFO</b>			
0003701968				32		1880.928 LB					
											
											
<b>GRAND TOTAL</b>				32		1880.928 LB					
<b>CARRIER INFORMATION</b>											
<b>Handling Unit</b>		<b>Package</b>		<b>WEIGHT</b>		<b>H.M. (X)</b>		<b>COMMODITY DESCRIPTION</b>		<b>LTL ONLY</b>	
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>							<b>NMFC #</b>	<b>CLASS</b>
1	plts			50.000 LB							
0		32	ctns	1880.928 LB				CTNS TILE, CLAY OR E		182570	60
1		32		1930.928 LB				<b>GRAND TOTAL</b>			
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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										<b>DAL-TILE</b> Shipper	
<b>Shipper Name/ Date/ Time</b>				<b>Trailer Loaded:</b>		<b>Freight Counted:</b>		<b>CARRIER SIGNATURE/PICKUP DATE</b>			
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<b>SPECIAL INSTRUCTIONS:</b>				<b>STOP #s01</b>		<b>DRIVER CHECK IN</b>		Master Bill of Lading: with attached underlying Bills of Lading			
				Appointment Date/Time(CST)		04/29/2025 / 12:30:00					
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				Check Out Date/Time(CST)		04/29/2025 / 12:40:34					
<b>CUSTOMER ORDER INFORMATION</b>											
<b>CUSTOMER ORDER NUMBER</b>				<b># PKGS</b>		<b>WEIGHT</b>		<b>ADDITIONAL SHIPPER INFO</b>			
0003701968				32		1880.928 LB					
											
											
<b>GRAND TOTAL</b>				32		1880.928 LB					
<b>CARRIER INFORMATION</b>											
<b>Handling Unit</b>		<b>Package</b>		<b>WEIGHT</b>		<b>H.M. (X)</b>		<b>COMMODITY DESCRIPTION</b>		<b>LTL ONLY</b>	
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>							<b>NMFC #</b>	<b>CLASS</b>
1	plts			50.000 LB							
0		32	ctns	1880.928 LB				CTNS TILE, CLAY OR E		182570	60
1		32		1930.928 LB				<b>GRAND TOTAL</b>			
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<b>Shipper Name/ Date/ Time</b>				<b>Trailer Loaded:</b>		<b>Freight Counted:</b>		<b>CARRIER SIGNATURE/PICKUP DATE</b>			
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 regulation of the U.S. DOT.  Shipper: HCHILDERS Date: 04/29/2025				X By Shipper  <input type="checkbox"/> By Driver		X By Shipper  <input type="checkbox"/> By Driver/pallets  <input type="checkbox"/> By Driver/pieces		Carrier acknowledges receipt of packages and required placards Carrier certifies emergency response information was made available and/or carrier has U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Carrier: _____ Date: _____			