



INVOICE

BILL TO:
J F LOGISTICS INC
2216 W 167TH ST
MARKHAM, IL 60428

INVOICE DATE: 05/08/2025
INVOICE #: R90013
TERMS: NET 30
DUE DATE: 06/08/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/07/2025		13101 Main St, Grabil, IN, 46741 - 2216 W 167th St, Markham, IL 60428, USA			
		Freight Income	1	\$500.00	\$500.00

TOTAL
\$500.00

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



Dispatcher:	Arsen K	LOAD #	7739
Phone #:	708-433-4880 x404	Ship Date:	2025-05-07
Fax #:		Today's Date:	2025-05-07
Email:	arsen.k@jflogistics.io		
W/O:	G15987P		

Carrier	Phone #	Fax #	Equipment	Agreed Amount	Load Status
Royal3 Inc	630-485-7370	630-485-6980	53' Van	\$500.00 USD	Open

Shipper 1 Our Country Home Enterprises 13101 Main St Grabill, IN, 46741	Date: 2025-05-07 Time: Type: Quantity: Weight: 150 lbs Notes: 0800- 1200	Purchase Order #: Major Intersection: Shipping Hours: Appointment: No Description: FAK
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Consignee 1 JF LOGISTICS 2216 W 167th St (gate's code 2202) Markham, IL, 60428	Date: 2025-05-07 Time: Type: Quantity: Weight: 150 lbs	Purchase Order #: Major Intersection: Receiving Hours: Appointment: No Description: FAK
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Dispatch Notes:

Delivery special instructions:

- Drivers cannot break the seal.
- The POD must be submitted within 24 hrs. after the load was delivered or additional charges may be applied.

Load Special Instructions:

- Charges may apply for late pick-ups and deliveries.
- First 2 hrs. of loading or unloading are free. After that we're paying \$35 per hour. JF LOGISTICS must be notified within 30 min. prior entering detention.
- All accessorail charges must be pre-approved by JF LOGISTICS.
- It is the driver's responsibility to ensure that the load is safe, secure and legal for transport.
- Driver is required to check call daily by 10:00 AM. Charges of up to \$50.00 will be applied for missed check-calls.
- All Trailers must be clean, empty and odor free with no holes.
- Any deviation from dispatch instructions must be reported immediately.
- All products overages, shortages or damages must be reported at the time of occurrence. Failure to report will result in additional charges.
- Re-brokering, assigning or interlining of this shipment will void our obligation to pay your freight.

Invoicing Instructions:

Settlements will be paid within **30 days** from the date we receive your invoice. All invoices must include a SIGNED DELIVERY RECEIPT, BOL and ORDER # and be sent to **ap@jflogistics.io**

The undersigned hereby acknowledges as correct and accepts the referenced shipment on behalf of the CARRIER. It is agreed that the charges indicated above include all costs and fees in connection with the shipment as described. A minimum of \$100,000.00 cargo insurance is required unless otherwise noted. Invoicing by the CARRIER and payment by the BROKER, constitutes acceptance of this agreement and by signing, this creates a contract carriage shipment.

Carrier Pay: Line Haul: \$500.00, **TOTAL: \$500.00 USD**

TRUCKSTOP
ITS Dispatch

Rate & Load Confirmation



Dispatcher:	Arsen K	LOAD #	7739
Phone #:	708-433-4880 x404	Ship Date:	2025-05-07
Fax #:		Today's Date:	2025-05-07
Email:	arsen.k@jfllogistics.io		
W/O:	G15987P		

Accepted By: _____ Date: _____ Signature: _____

Driver Name: _____ Cell #: _____ Truck #: _____ Trailer #: _____

Date: _____		BILL OF LADING		Page 1 of 1				
SHIP FROM Name: _____ Address: _____ City/State/Zip: GRABILL, IN SID#: _____				Bill of Lading Number: _____ <div style="text-align: center;">BAR CODE SPACE</div>				
SHIP TO Name: JF LOGISTICS - IL Location #: _____ Address: 2216 W 167th St City/State/Zip: Markham, IL, 60428 CID#: _____				CARRIER NAME: Royal3 Inc Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: G15987P				
THIRD PARTY FREIGHT CHARGES BILL TO: Name: JF LOGISTICS INC Address: PO BOX 558 City/State/Zip: HOMEWOOD IL 60430				<div style="text-align: center;">BAR CODE SPACE</div>				
SPECIAL INSTRUCTIONS:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party _____				
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO			
			Y N					
			Y N					
			Y N					
			Y N					
			Y N					
			Y N					
			Y N					
			Y N					
GRAND TOTAL								
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (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. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
GRAND TOTAL								
<small>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.</small> <small>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</small>						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
						NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).		
<small>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.</small>						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE <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>				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <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>		

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5/7/2025