



INVOICE

BILL TO:
LAYN LOGISTICS LLC
24 FILMORE PL
FREEPORT, NY 11520

INVOICE DATE: 05/14/2025
INVOICE #: R90877
TERMS: NET 30
DUE DATE: 06/14/2025

| DATE | CUSTOMER REF# | ORIGIN - DESTINATION | QUANTITY | RATE | AMOUNT |
|------------|---------------|--|----------|------------|------------|
| 05/13/2025 | | 14910 Madison Road, Middlefield, OH 44062 - 45 Demarest Drive, Wayne, NJ 07470 | | | |
| | | Freight Income | 1 | \$1,400.00 | \$1,400.00 |

| |
|--------------|
| TOTAL |
| \$1,400.00 |

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

TRUCKLOAD RATE CONFIRMATION

Layn Logistics
24 Filmore place
FREEPORT, NY 11520

**Carrier Name:** ROYAL3 INC**Ready Date:** 5/13/2025**Date Needed:** 5/13/2025**Service Level:** Normal**Load #:** 123185056**Customer PO:****Shipper Ref:** P-08774**Trailer Type/Size:** Van / Full**Shipper Information:**

Name: Hexpol Middlefield
Address: 14910 Madison Road
Middlefield, OH 44062

Contact: Russell Schwendeman
Phone: (440) 636-3054
Pick Up Time: 5/13/2025 12:00 AM-12:00 AM

PICK UP**INSTRUCTIONS:****Consignee Information:**

Name: Passaic Rubber
Address: 45 Demarest Drive
Wayne, NJ 07470

Contact: Sue Bender
Phone: (973) 696-9500 ext. 106
Delivery Time: 5/13/2025 6:00 AM -
3:00 PM

DELIVERY**INSTRUCTIONS:**

| Handling Units | Package Type | Pieces | HAZMAT | List of Items | Total Weight |
|----------------|--------------|--------|--------|----------------------|--------------|
| 18 | Pallet | 18 | | 42.00x42.00x34.00 in | 36,262 |

Rate: USD \$1,400.00
TOTAL: USD \$1,400.00

If agreed services are fulfilled, rates are not negotiable. The carrier is responsible for all delivery appointments; failure to comply incurs a \$100.00 penalty per appointment.

The driver must count and inspect the load at pickup and is responsible for piece count and condition at delivery.

For freight payment, Proof of Delivery and a carrier invoice are required. Layn Logistics will not pay any extra charges without authorization.

Carrier Signature:**Driver Name:**

titus

MC#:

944686

Driver Phone#:

225-939-7120

Please call +1 516-324-3675 immediately with any questions, concerns, or problems!


Send Invoicing to: naomi@laynlogistics.com



Shipment ID#: 123185056

| | |
|--|--|
| Shipper: Hexpol Middlefield 14910 Madison Road Middlefield, OH 44062 | Contact: Russell Schwendeman Phone: (440) 636-3054 E-mail: Russ.schwendeman@hexpol.com |
| Consignee: Passaic Rubber 45 Demarest Drive Wayne, NJ 07470 | Contact: Sue Bender Phone: (973) 696-9500 ext. 106 E-mail: sue@passaic.com |
| 3rd Party Bill To: Layn Logistics 24 Filmore place FREEPORT, NY, 11520 Phone: | Carrier: ROYAL3 INC Shipper Ref #: P-08774 Service Level: Normal Trailer Type: Van Trailer Size: Full |
| Pickup Date: 5/13/2025 Pickup Hours: 12:00 AM - 12:00 AM Pickup Instructions: Pickup Accessorials: None | Delivery Date: 5/13/2025 Consignee Hours: 6:00 AM- 3:00 PM Delivery Instructions: Delivery Accessorials: None |

Shipment Details

| Shipment Information | | | | | | |
|--|--------|----------------------------------|------|---------------|-------------|--|
| Customer PO: | | Appointment Confirmation Number: | | | | |
| Custom Reference Number: | | | | | | |
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION |
| QTY | TYPE | QTY | TYPE | | | |
| 18 | Pallet | 18 | PCS | 36,262 | | Rubber 42x42x34 |
| 18 | | 18 | | 36,262 | | |
| Notes: | | | | | | |
| Shipper Signature:  | | | | Date: 5-13-25 | | 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. |
| Pickup Carrier Signature: | | | | Date: | | |
| Delivered By: | | | | Date: | | Time: |
| Consignee Signature: | | | | Date: | | Time: |
| | | | | | | # of Pieces: |
| | | | | | | Printed Last Name: |

Layn Logistics | 24 Filmore place | FREEPORT, NY 11520
 Phone: +1 (516) 324-3675

