



## INVOICE

**BILL TO:**

FORWARD AIR LOGISTICS SERVICES  
6800 PORT ROAD  
GROVEPORT, OH 43125

**INVOICE DATE:** 05/29/2025**INVOICE #:** R92878**TERMS:** NET 30**DUE DATE:** 06/29/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/28/2025		2179 S Commerce Center Dr, West Valley City, UT 84120 - 6215 West by Northwest Blvd, Houston, TX 77040			
		Freight Income	1	\$2,400.00	\$2,400.00

**TOTAL**

\$2,400.00

**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**



**Forward Air Logistics Services, LLC**

**Rate Confirmation Agreement for Forward Air Logistics Services, LLC dba Forward Air Logistics Services**

- All Invoices must include a SIGNED DELIVERY RECEIPT, BOL, and RATE AGREEMENT.
- Invoicing, document collection, and payment will be done using Epay Manager, an ACH payment system. Please upload paperwork to Epay Manager ([epaymanager.com](http://epaymanager.com)). This is the preferred method of payment for timely payments. A secondary option is to email invoices and supporting documentation to [brokerageap@forwardair.com](mailto:brokerageap@forwardair.com). Omni Logistics, LLC dba LiVe Logistics will act as pay agent for Forward Air Logistics Services.
- The rate on this confirmation is the agreed-upon sum between Carrier and Forward Air Logistics Services.
- This load cannot be double brokered. Double brokering of this load will result in nonpayment to the carrier, in addition to any other penalties applicable by contract or law.
- Any additional charges must be approved and added to the rate confirmation prior to invoicing.
- By signing below, CARRIER agrees to provide a minimum of \$100,000 in Cargo insurance and \$1,000,000 in automotive liability insurance.
- The CARRIER acknowledges that the product listed is covered by their insurance policy and does not fall under any exclusions from their cargo policy.
- For any Team shipment, there will be a \$500 rate reduction for using a SoloDriver.
- Any Team load where a driver does not accept Macropoint or Project 44 Tracking will be subject to a \$500 rate reduction.
- If a shipment is co-loaded with other freight or put on the rail without Forward Air Logistics Services consent, the linehaul rate will be cut by 50%.
- In order for detention to be paid, the driver must accept Macropoint or Project 44. If the driver accepts tracking, then detention will be paid upon delivery and POD being received with notated BOLs. If the driver does not accept tracking, there will be a delay or no detention paid.
- POD required upon delivery. CARRIER is subject to a \$50 per day rate reduction if PODs are not submitted within 48 hours.

Forward Air Logistics Services  
6800 Port Road  
Groveport OH, OH 43125  
844-351-3780



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## Load Confirmation

0296603

**Carrier:** Royal3 Inc  
LOMBARD IL 60148  
**Date:** 05/23/2025

**Contact:** Milo Morrison x104  
**Phone:** 630-485-7370  
**Fax:**

**Order**  
**Order:** 0296603  
**Miles:** 1440.0  
**Temp:**  
**BOL:** 20491940

**Commodity:** TELECOM EQUIPMENT  
**Weight:** 26000.0  
**Trailer:** Van (DAT)  
**Reference:**

**PU 1** Name: COMCAST - GXO Date: **05/28/2025 0700**  
Address: 2179 S COMMERCE CENTER DR **05/28/2025 1300**  
**DELIVERY APPT REQUIRED**  
WEST VALLEY CITY UT 84120 Contact: RECEIVING  
Phone: 801-656-2001 Driver Load: No driver loading or unload  
Reference number: PO 20491940  
Reference number: PU 003715  
Reference number: PU 190866998

**SO 2** Name: COMMUNICATIONS TEST DESIGN INC Date: **05/30/2025 0800**  
Address: 6215 WEST BY NORTHWEST BLVD **05/30/2025 1500**  
**STE A**  
HOUSTON TX 77040 Contact: DENNIS DALESSANDRO  
Phone: 346-978-0936 Driver Load: No driver loading or unload  
Reference number: PO 20491940

**Payment**  
**Carrier Freight Pay:** \$2,400.00  
**Total Carrier Pay:** \$2,400.00

**Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.**

COMCAST - GXO - NA

COMCAST - GXO - 1CONCOTX: DRIVER MUST SEND A PHOTO OF THE POD ONCE EMPTY AND GET THE NAME OF WHO SIGNS THE POD.

COMCAST - GXO - 1CONCOTX: DRIVERS MUST ACCEPT MACROPOINT TRACKING BEFORE PICKING UP THE LOAD AND MUST MAINTAIN TRACKING UNTIL DELIVERED.

COMMUNICATIONS TEST DESIGN INC - NA

**Please Sign:** *Milo Morrison*

**Driver Name:**  
**Driver Cell:**  
**Driver Email:**  
**Tractor #:**  
**Trailer #:**

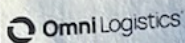
(X) Accept

( ) Decline

**From:** Roberto Ruiz  
**Phone:**  
**Email:** rruiz@forwardair.com







3200 OLYMPUS BLVD, SUITE 300  
DALLAS, TX 75019, US  
Phone: 866-431-0875  
Email: controllower1@omnilogistics.com

**Shipper:**

COMCAST - GXO  
2179 S COMMERCE CENTER DR  
DELIVERY APPT REQUIRED  
WEST VALLEY CITY, UT 84120, US  
Phone: 801-656-2001  
Contact: RECEIVING  
Email: james\_beard@comcast.com  
Ref#: 190866998

**Bill To:**

COMCAST C/O LSS TRANSPORT LLC  
PO BOX 1834  
COPPELL, TX 75019, US  
Contact:

**Payment Terms:** Third Party

**Service Level:** FT-FULL TRUCKLOAD

**Pickup:** Wednesday, May 28, 2025 7:00 AM-1:00 PM

**Consignee:**

COMMUNICATIONS TEST DESIGN INC  
6215 WEST BY NORTHWEST BLVD  
STE A  
HOUSTON, TX 77040, US  
Phone: 346-978-0936  
Contact: DENNIS DALESSANDRO  
Ref#: 003715, 003715

User: qthompson



House Waybill  
Shipper's Copy

**20491940**

Date: 05/28/2025

Org: SLC/B Dest: IAH/B

Must Deliver by 5/30/2025 by 3:00 PM

**SPECIAL INSTRUCTIONS:**

**Items To Be Shipped:**

Pieces	Pkg Type	H/M	Description	Length	Width	Height	Weight (lb)
9	SKD	<input type="checkbox"/>	TELECOM EQUIPMENT SEAL#UL-9707844	48.0	42.0	48.0	5000.0

Total Pieces: 9  
Total Actual Weight: 5000.0



POD update  
required  
immediately after  
delivery. Scan  
code to submit.

This Shipper certifies that the particulars on the face hereof are correct and agrees to the terms and conditions found at www.omnilogistics.com and conditions set forth in delivery. I certify that this shipment does not contain any unauthorized explosives, destructive devices or hazardous material. I consent to a search of this shipment. \*\*\*DECLARED VALUE IS \$0 UNLESS OTHERWISE STATED IN THIS DOCUMENT\*\*\*

SHIPPER SIGNATURE 	DATE 05/27	TIME	RECEIVED IN GOOD ORDER EXCEPT AS NOTED	DATE	TIME
DRIVER SIGNATURE	DATE	TIME	RECEIVED IN GOOD ORDER EXCEPT AS NOTED	DATE	TIME
CONSIGNEE SIGNATURE 	DATE 5/24/25	TIME	RECEIVED IN GOOD ORDER EXCEPT AS NOTED	DATE	TIME