



## INVOICE

**BILL TO:**

AXLE LOGISTICS LLC  
835 N CENTRAL STREET  
KNOXVILLE, TN 37917

**INVOICE DATE:** 05/29/2025**INVOICE #:** R93046**TERMS:** NET 30**DUE DATE:** 06/29/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/28/2025		1221 S Park St, Port Washington, WI 53074, USA - 1013 E Springfield Rd, High Point, NC 27263, USA			
		Freight Income	1	\$1,850.00	\$1,850.00

**TOTAL**

\$1,850.00

**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**

AXLE LOGISTICS, LLC  
835 N. Central Street

Page 1

Knoxville, TN 37917

\*\*\* Load Confirmation \*\*\*

2466713

Dispatcher: David Zapotidla Phone: (865) 398-2080 Fax: (866) 431-5399 Email: david.zapotidla@axlelogistics.com

<b>Carrier:</b>	Royal3 Inc	<b>Contact:</b>	Bill
	Lombard IL 60148	<b>Phone:</b>	
<b>Date:</b>	05/28/2025	<b>Fax:</b>	

<b>Order</b>	<b>Order:</b>	2466713	<b>Commodity:</b>	Vehicle Parts
	<b>Miles:</b>	849.0	<b>Weight:</b>	40000.0
	<b>Temp:</b>		<b>Trailer:</b>	Van (DAT)
	<b>BOL:</b>	IMI00002722	<b>Reference:</b>	

<b>PU 1</b>	<b>Name:</b>	Kickhaefer Manufacturing Company (KM	<b>Date:</b>	05/28/2025 1000
	<b>Address:</b>	1221 South Park Street		05/28/2025 1600
		PORT WASHINGTON IL 60074	<b>Contact:</b>	General
	<b>Phone:</b>	(262) 377-5030	<b>Drvr Ld/Unld:</b>	No driver loading or unload

<b>SO 2</b>	<b>Name:</b>	Immi High Point	<b>Date:</b>	05/29/2025 0800
	<b>Address:</b>	1013 E Springfield Rd		05/29/2025 1700
		HIGH POINT NC 27263	<b>Contact:</b>	
	<b>Phone:</b>		<b>Drvr Ld/Unld:</b>	No driver loading or unload

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$1,850.00
	<b>Total Carrier Pay:</b>	\$1,850.00
	*Does not include quick pay or advance fee.	

Instructions

Attn: David Zapotidla

Mack Petkovic

# BILL OF LADING

## SHIP FROM

Name: KMC STAMPINGS  
Address: 1221 S PARK ST  
City/State/Zip: PORT WASHINGTON / WI / 53074  
Contact Name: NANCY LEGATE  
Email: nlegate@kmcstampings.com  
Phone: 262-375-6448  
Arrive: 05/28/2025 10:00:00  
Depart: 05/28/2025 17:00:00

Bill of Lading Number: IMI00002722



## SHIP TO

Name: IMMI HIGH POINT  
Address: 1013 East Springfield Road  
City/State/Zip: HIGH POINT / NC / 27263  
Contact Name:  
Email:  
Phone:  
Arrive: 05/30/2025 08:00:00  
Depart: 05/30/2025 14:00:00

CARRIER NAME: AXLE LOGISTICS LLC

Trailer number:  
Seal number(s):

SCAC: AXLL  
Pro number:

## THIRD PARTY FREIGHT CHARGES BILL TO

Name: IMMI C/O RXO  
Address: 11215 COMMUNITY HOUSE ROAD  
City/State/Zip: CHARLOTTE / NC / 28277  
SPECIAL INSTRUCTIONS:

## Freight Charge Terms:

Prepaid : ☒ Collect: ☐ 3rd Party: ☐  
☐ Master Bill of Lading: with attached underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL INFO
57731	3456	28198	N	Source: Dest:
GRAND TOTAL	3456	28198		

## 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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
26	REUSABLE CONT. WI TH PRODU CT	3456		28198		CLASS_50		
26		3456		28198				
GRAND TOTAL								

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 Shipment"

## GRAND TOTAL

COD Amount: \$ \_\_\_\_\_

Fee Terms: Collect: ☐ Prepaid: ☐

Customer check acceptable: ☐

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).**

RECEIVED: subject to the classification and authority in effect on the date of the issue of this Bill of Lading, the property described above is apparent good order except as noted (contents of packages unknown), marked, consigned, and destined as indicated above, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier or the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any part of or said route to destination, and as to each party at any time interest in all or any of said property, they every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official Southern, Western, and Illinois Freight Classifications in effect on the date hereof, if this is a rail or water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of the shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:

☐ By Shipper

☐ By Driver

## Freight Counted:

☐ By Shipper

☐ By Driver/pallets said to contain

☐ By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

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.

Tommy Mander

5-29-25