



## INVOICE

**BILL TO:**

ATLAS LOGISTICS INC  
1212 ST GEORGE ROAD  
EVANSVILLE, IN 47711

**INVOICE DATE:** 05/30/2025**INVOICE #:** R92983**TERMS:** NET 30**DUE DATE:** 06/30/2025

| DATE       | CUSTOMER<br>REF# | ORIGIN - DESTINATION  | QUANTITY | RATE       | AMOUNT     |
|------------|------------------|---|----------|------------|------------|
| 05/28/2025 |                  | 8605 34th Ave S, Lakewood, WA 98499 - 1245 E. Henri De Tonti Blvd, Springdale, AR 72762 |          |            |            |
|            |                  | Freight Income  | 1        | \$3,000.00 | \$3,000.00 |

**TOTAL**

\$3,000.00

**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**

## ATLAS Logistics Shipment / Rate Confirmation

**Carrier:** ZIGI FREIGHT INC DBA ROYAL 3 INC.

**Email:** pete@royal3inc.com

**Phone:** 630-485-7370

**Fax:** 630-485-6980

**Date:** 05/27/2025 04:06 PM

Linehaul Cost: \$3,000.00

Fuel Cost: \$0.00

Accessorials: \$0.00

**Total: \$3,000.00**

**Contact:** PETE

**Order #:** 4356281

**Move #:** 6785207

**Govt BOL:** MBFL0105458;

**Customer:** ALLEN, EVAN

DETENTION: 4 hours free then \$35 an hour capping at \$325 per 24 hour period. Carrier or driver must notify Atlas 30 minutes before detention starts. All detention hours must be submitted to Atlas within 24 hours of occurrence and noted on the BOL.

**Notes:** MBFL0105458 ALLEN, EVAN 13 PCS, 51 FEET, 16080 TOTAL WEIGHT 12@85X45X84, 1@100X40X40

- **CALLS ARE REQUIRED 24HRS PRIOR TO ANY PICKUP AND DELIVERIES.**
- **DRIVER MUST ADVISE ORIGIN THAT THE PICKUP IS FOR ATLAS LOGISTICS.**
- **DRIVER REQUIRED TO SECURE FREIGHT PER DOT REGULATION 49 CFR 393.106.**
- **DRIVER CHECK CALLS MUST BE MADE TO 800-446-2079 BY 10:00AM CST MONDAY THROUGH FRIDAY.**
- **ANY DELAY IN TRANSIT DURING NORMAL BUSINESS HOURS MUST BE REPORTED IMMEDIATELY TO ATLAS LOGISTICS AT 800-446-2079.**
- **AFTER HOURS DELAYS MUST BE REPORTED IMMEDIATELY TO .**
- **SEND INVOICE, POD, RATE CON, AND SUPPORTING DOCUMENTS TO [APLOGISTICS@ATLASLOGISTICS.COM](mailto:APLOGISTICS@ATLASLOGISTICS.COM).**
- **REFERENCE THE ATLAS LOGISTICS ORDER NUMBER ON ALL CORRESPONDENCE FOR PAYMENT.**

**Driver:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Truck #:** \_\_\_\_\_ **Trailer #:** \_\_\_\_\_

**Load At**

COLEMAN WORLDWIDE  
8605 34TH AVE S  
LAKEWOOD, WA 98499

Earliest date: 05/28/25 09:00 AM  
Latest date: 05/28/25 03:00 PM  
Weight: 16,080 LBS

Phone: 253-588-9555  
Contact:

**Instructions:**

**Deliver To**

ADMIRAL MOVING SERVICES, INC.  
1245 E. HENRI DE TONTI BLVD  
SPRINGDALE, AR 72762

Earliest date: 05/29/25 09:00 AM  
Latest date: 06/03/25 03:00 PM  
Weight: 16,080 LBS

Phone: 479-442-4631  
Contact:

**Instructions:**

**References:** \_\_\_\_\_ **Load Miles:** 2061

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Carrier to notify Atlas Logistics of driver detention 30 minutes prior to the free time expiration period.

Carrier must provide driver arrival and departure times, number of hours of detention and total charges within 24 hours of occurrence.

Driver times must be noted on a signed POD in order to ensure payment.

Carrier is required to bill Atlas Logistics within 120 days following delivery of shipment. Atlas Logistics will not be responsible for any freight charges after this agreed billing period.

**SEND INVOICE, POD, RATE CON, AND SUPPORTING DOCUMENTS TO [APLOGISTICS@ATLASLOGISTICS.COM](mailto:APLOGISTICS@ATLASLOGISTICS.COM).**

## ATLAS Logistics Shipment / Rate Confirmation

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**Service Requested By:**

Atlas Logistics, Inc.  
1212 St. George Rd.  
Evansville, IN 47711

**Contact Number:**

Fax Number: 812-421-7109

After Hours Number:

Email:

Door 41

# STANDARD TRUCKLOAD BILL OF LADING

|  |      |                |        |   |             |   |  |
|--|------|----------------|--------|---|-------------|---|--|
| <b>SHIP FROM</b>   |      |                |        | <b>Bill Of Lading Number: 4356281</b>   |             |   |  |
| Name: COLEMAN WORLDWIDE<br>Address: 8605 34th Ave S<br>City/State/Zip: LAKEWOOD, WA 98499      Phone: 2535889555<br>E: 5/28/2025 9:00 AM L: 5/28/2025 3:00 PM      FOB: <input type="checkbox"/>   |      |                |        | Carrier Name: ZIGI FREIGHT INC DBA ROYAL 3 INC.<br>Trailer Number:<br>Seal Number(s):<br>GBL: MBFL0105458<br>QUOTE: 25-106821<br>SID: ALLEN, EVAN |             |   |  |
| <b>SHIP TO</b>   |      |                |        |   |             |   |  |
| Name: ADMIRAL MOVING SERVICES, INC.      Location #:<br>Address: 1245 E. HENRI DE TONTI BLVD<br>City/State/Zip: Springdale, AR 72762      Phone: 4794424631<br>E: 5/29/2025 9:00 AM L: 6/3/2025 3:00 PM      FOB: <input type="checkbox"/>   |      |                |        |   |             |   |  |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>  |      |                |        | Freight Charge Terms (Freight charges are prepaid unless marked otherwise)<br>Prepaid: _____ Collect: _____ 3rd Party: _____                      |             |   |  |
| Name: Atlas Logistics, Inc.<br>Attn: AP Logistics<br>Address: 1212 St. George Rd<br>City/State/Zip: Evansville, IN 47711   |      |                |        |   |             |   |  |
| <b>SPECIAL INSTRUCTIONS:</b>   |      |                |        | <input type="checkbox"/> Master Bill of Lading with attached underlying<br>(check) Bill of Lading   |             |   |  |
|  |      |                |        |   |             |   |  |
| <b>CUSTOMER ORDER INFORMATION</b>  |      |                |        |   |             |   |  |
| Customer Order Number  |      | # Pkgs         | Weight | Pallet/Slip<br>(Circle One)   |             | Additional Shipper Information  |  |
| GBL:MBFL0105458  |      |                |        | Y      N  |             |   |  |
| QUOTE:25-106821  |      |                |        | Y      N  |             |   |  |
| SID:ALLEN, EVAN  |      |                |        | Y      N  |             |   |  |
| <b>GRAND TOTAL</b>   |      |                |        |   |             |   |  |
| <b>CARRIER INFORMATION</b>   |      |                |        |   |             |   |  |
| <b>HANDLING UNIT</b>   |      | <b>PACKAGE</b> |        | <b>COMMODITY DESCRIPTION</b>  |             |   |  |
| Qty  | Type | Qty            | Type   | Weight  | H.M.<br>(X) | 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.  |  |
| 13   | PCS  |                |        | 16,080 LBS  |             | 1 - USED HHG INTERSTATE   |  |
| 13   |      |                |        | 16,080 LBS  |             | <b>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:<br><br>The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.   |      |                |        | <b>DELIVERY INFORMATION</b><br>Consignee Name: <u>Skylar Mark</u><br>Consignee Signature/Date: <u>[Signature]</u><br>Notes: <u>5-30-25</u>        |             |   |  |
| COD Amount: \$ _____<br>Fee Terms:      Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>Customer Check Acceptable: <input type="checkbox"/>   |      |                |        |   |             |   |  |
|  |      |                |        |   |             |   |  |
| <b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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 the terms and conditions set forth on the reverse side hereon as well as to all applicable state and federal regulations. |      |                |        | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br>_____ Shipper Signature      |             |   |  |
| <b>SHIPPER SIGNATURE/DATE</b>  |      |                |        | <b>Trailer Loaded:</b>  |             | <b>Freight Counted:</b>   |  |
| 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.<br><br><u>Steven 5-28-25</u>  |      |                |        | <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper   |             | <b>CARRIER SIGNATURE/PICKUP DATE</b><br>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.<br>Property described above is received in apparent good order except as noted. |  |
|  |      |                |        | <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain   |             |   |  |
|  |      |                |        | <input type="checkbox"/> By Driver/Pieces   |             |   |  |