



INVOICE

BILL TO:

LOYDS FREIGHT MANAGEMENT INC
1617 S MICHIGAN AVE APT 311
CHICAGO, IL 60616

INVOICE DATE: 06/02/2025**INVOICE #:** R93403**TERMS:** NET 30**DUE DATE:** 07/02/2025

| DATE | CUSTOMER REF# | ORIGIN - DESTINATION | QUANTITY | RATE | AMOUNT |
|------------|------------------|--|----------|------------|------------|
| 05/30/2025 | | 4345 Confederate Way, Macon, GA 31217, USA - 4108 W 52nd Place, Chicago, IL, 60632 | | | |
| | | Freight Income | 1 | \$1,600.00 | \$1,600.00 |

TOTAL

\$1,600.00

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: | Rocky K | LOAD # | 4519 |
| Phone #: | 872-260-6603 | Ship Date: | 2025-05-30 |
| Fax #: | | Today's Date: | 2025-05-30 |
| Email: | rocky.k@loydsfreight.com | | |
| W/O: | SL#106948 | | |

| Carrier | Phone # | Fax # | Equipment | Agreed Amount | Load Status |
|------------|-------------------|-------|-----------|----------------|-------------|
| Royal3 Inc | 630-485-7370 x104 | | 53' Van | \$1,600.00 USD | Covered |

| | | |
|--------------------------------------|--|---|
| Shipper 1 Macon, GA, 31217 | Date: 2025-05-30 Time: Type: TL Quantity: 1 Weight: 40000 lbs | Purchase Order #: Major Intersection: Shipping Hours: 8AM-3PM Appointment: No Description: |
|--------------------------------------|--|---|

| | | |
|---|--|--|
| Consignee 1 4108 WAREHOUSE (WEEKEND) 4108 W 52nd Place Chicago, IL, 60632 | Date: 2025-05-31 Time: Type: TL Quantity: 1 Weight: 40000 lbs | Purchase Order #: SL#106948 Major Intersection: Receiving Hours: 7AM-3PM Appointment: No Description: |
|---|--|--|

Dispatch Notes:

- RATE WILL BE VOIDED IF THIS SHIPMENT IS DOUBLE-BROKERED.
- CHARGES WILL APPLY IF SEAL IS BROKEN
- LATE DELIVERIES MIGHT RESULT RATE DEDUCTION.
- LUMPER RECEIPTS MUST BE EMAILED WITHIN 24 HOURS OF DELIVERY.
- POD MUST BE SENT WITHIN 24 HOURS OF DELIVERY OTHERWISE 100\$ DEDUCTION WILL BE APPLIED.
- TRACKING IS REQUIRED. TRACKING REFUSAL MIGHT RESULT \$100 RATE DEDUCTION.
- PICTURES OF THE LOADED TRAILER, BOL, AND SEAL MUST BE SENT BEFORE DEPARTING. REFUSAL MIGHT RESULT \$100 RATE DEDUCTION.

• ALL BILLS MUST BE SENT TO BILLING@LOYDSFREIGHT.COM

Carrier Pay: Line Haul: \$1600.00, **TOTAL: \$1600.00 USD**

Accepted By: _____ **Date:** _____ **Signature:** _____

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



Bill Of Lading

| | |
|-----------------|------------|
| Load Number | 4519 |
| BOL Number | SL#106948 |
| Ship Date | 2025-05-30 |
| Delivery Date | 2025-05-31 |
| P.O. Number | |
| Freight Charges | Prepaid |

| Shipper | Consignee |
|--|---|
| Ultracac 4345 Confederate Way Macon, GA, 31217 Tel: | 4108 WAREHOUSE (WEEKEND) 4108 W 52nd Place Chicago, IL, 60632 Tel: |

| 3rd Party Billing | Transportation Company |
|--|--|
| LOYDS FREIGHT 1617 S Michigan Ave APT 311 Chicago, IL, 60616-1272 Tel: 872-870-9600 | Royal3 Inc 6850 W 63Rd Street Chicago, IL, 60638 Tel: 630-485-7370 Ext: 104 |

| # of pieces | Description of the goods, marks, exceptions | Weight in LBS. | Type | NMFC | HM | Class |
|-------------------|---|----------------------------|--------------------------|------|----|-------|
| 1 | FAK | 40000 | TL | | | |
| | RECEIVED BY | | | | | |
| | SL # | | | | | |
| | Print <u>DAVID AC12</u> | | | | | |
| | Sign <u>[Signature]</u> | | | | | |
| | Date <u>5/31/25</u> | | | | | |
| | Seal <u>shipper count and secure</u> | | | | | |
| Total Pieces 1 | | Total Weight 40000 LBS. | Emergency Response Phone | | | |

| | |
|--------|---|
| Notes: | C.O.D. Amount: \$0.00 |
| | C.O.D. Fee: Prepaid |
| | Declared Value: \$0.00 |
| | If at consignor's risk, write or stamp here |

| | | | |
|---------|---------|------|---------------------------|
| Shipper | Carrier | Date | Number Of Pieces Received |
| Per | Per | Time | |

| | | | |
|----------------|------|-----------|---------------------------|
| Consignee Name | Date | Signature | Number Of Pieces Received |
|----------------|------|-----------|---------------------------|