



INVOICE

BILL TO:
ESHIPPING
10812 NW HWY 45
PARKVILLE, MO 64152

INVOICE DATE: 05/31/2025
INVOICE #: R93526
TERMS: NET 30
DUE DATE: 07/01/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/30/2025		3794 Packerland Drive, De Pere, WI 54115 - 600 Vista Drive, Sparta, TN 38583			
		Freight Income	1	\$1,900.00	\$1,900.00

TOTAL
\$1,900.00

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

eShipping, LLC
PO Box 14126
Parkville, MO 64152

*** Load Confirmation ***

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0599017

Carrier:	ROYAL 3 INC CHICAGO IL 60638	Contact:	Robert
Date:	05/30/25	Phone:	
Order	Order: 0599017	Fax:	
	Miles: 736.0	Commodity:	PAPER
	Temp:	Weight:	42500.0
	BOL: 1007767420	Trailer:	Van (DAT)
		Reference:	1007767420

PU 1	Name: Exclusive Warehouse	Date: 05/30/25 0800
	Address: 3794 Packerland Drive	05/30/25 1600
	De Pere WI 54115	Contact: Shipping/Jason
	Phone: 9203479348	Drvr Ld/Unld: No driver loading or unload
	Reference Number: PO 2800042824-357008	
	Reference Number: PU 47282	

SO 2	Name: Altium Healthcare	Date: 05/31/25 0800
	Address: 600 Vista Drive	05/31/25 1600
	Sparta TN 38583	Contact: Receiving
	Phone: 8003929824	Drvr Ld/Unld: No driver loading or unload

Payment	Carrier Freight Pay:	\$1,900.00
	Total Carrier Pay:	\$1,900.00

In fulfilling a commitment to our customers, we require Tracking on each load_____

Special Instructions

Exclusive Warehouse - ***MUST DELIVER 05/31/25; TEAM DRIVER RATE APPROVED*** FCFS - PU# 47282;
Ready Now

Exclusive Warehouse - MACROPOINT REQUIRED; AT LEAST 3 RATCHET STRAPS REQUIRED; NON-
STACKABLE

Altium Healthcare - FCFS 8am-4pm M-F

Altium Healthcare - MUST DELIVER SATURDAY 5/31

*** FAILURE TO DO ANY OF THE FOLLOWING MAY RESULT IN A \$50.00 FINE***

Disclaimer:

Driver or Dispatcher MUST NOTIFY eShipping of PICK UP, DELIVERY AND DELAYS. PLEASE SEND INVOICES
TO: invoices@eshipping.biz

Confirmation Disclaimer:

eShipping does not allow freight to be double-brokered. Combining of partial loads may be done only with
permission of eShipping

Agreement

Please sign and fax back to

Andrew Neu

*Driver must call eShipping for dispatch information

*****EMAIL INVOICES TO invoices@eshipping.biz*****

* Driver Must report any overages, shortages, and damaged product immediately.

UNIFORM STRAIGHT BILL OF LADING
ORIGINAL-NOT NEGOTIABLE

Bill of Lading No 862660
Agent's No

At GREEN BAY, WI 54304

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

05/30/25 From GREEN BAY PACKAGING INC.

COATED PRODUCTS DIVISION

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said company (the word company 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 own road or its own water line, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address of consignee-For purposes of notification only)

Consigned To ALTIUM HEALTHCARE
Destination SPARTA
Delivery Address 600 VISTA DRIVE

Delivery Carrier SUPERIOR TRANSPORT AND LOGIS

Trailer No 94950

Pickup No 47282

Seal No

Truck Intital Z050

Stop 1

State of TN 38583 Country of USA

No Pallets	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	* WEIGHT (Subject to correction)	CLASS or Rate	CHECK COLUMN	Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
26	PAPER, NMFC 150550 -04, Class 65 CUSTOMER ORDER NO 2800042824-357008	29,405			Signature of Consignor
0	FOIL, NOI, WITH PAPER BACKING, ITEM 71770 SUB 02 CL 70 CUSTOMER ORDER NO	0			
0	PULPBOARD, NOI, ITEM 150550 SUB 04 CL 65 CUSTOMER ORDER NO	0			

If charges are to be prepaid, write or stamp here. To be Prepaid.

PREPAID

Received \$

to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per
(The signature here acknowledges only the amount prepaid).

* SHIPPER IS NOT RESPONSIBLE FOR DETENTION CHARGES INCURRED AT CONSIGNEE

NOTE:

DO NOT DOUBLE STACK PRODUCT!

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.
Note:- Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

Charges Advanced:

\$ _____

GREEN BAY PACKAGING INC.
COATED PRODUCTS DIVISION
3250 S. RIDGE ROAD
GREEN BAY, WI 54304
PERMANENT POST-OFFICE ADDRESS OF SHIPPER

Shipper, Per _____ AGENT _____ PER _____ 1
Loaded, Per _____