



## INVOICE

**BILL TO:**

ER OVERNIGHTERS INC  
6688 JOLIET RD SUITE 351  
COUNTRYSIDE, IL 60525

**INVOICE DATE:** 06/02/2025**INVOICE #:** R93637**TERMS:** NET 30**DUE DATE:** 07/02/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/30/2025		640 Remington Blvd, Unit B, Bolingbrook, IL 60440 - 41 Sawyer Passway, Dock #2, Fitchburg, MA 01420			
		Freight Income	1	\$2,150.00	\$2,150.00

**TOTAL**

\$2,150.00

**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**

**\*\*\* LOAD CONFIRMATION \*\*\***

**Phone: 312-890-7426**

Carrier ZIGI FREIGHT INC dba ROYAL3 INC  
MC#: 944686  
Date: 05/30/2025

Contact: Roy  
Phone: 630-485-7370  
Email: dispatch@royal3inc.com

**Order**

LOAD: 71100\_71102  
BOOKED WITH: Dennis  
Pick-Up: 05/30/2025

Commodity: PALLETIZED PLASTIC PRODUCT  
Weight: 43600 LBS.  
Trailer: DVan53 / CLEAN / E-TRACK / 2  
straps required

**PICK 1**

DXB Inc  
640 Remington Blvd, Unit B  
Bolingbrook, IL 60440

**Date: 05/30/2025**

**Ready at 9:00 PM**

**FCFS**

**Phone: 312-890-7426**

**PLEASE DO NOT PARK HERE OVERNIGHT YOU WILL BE TICKETED**

NO DETENTION PAID AFTER 5PM or weekend loading

NO REEFERS OR STRAIGHT TRUCKS WILL BE LOADED, PICK UP EMPTY

DO NOT CALL ANY PHONES ON BOLTS/SHIPPERS RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

**STOP 1**

Hi-Tech Mold  
One Technology Drive West  
Pittsfield. MA. 01201

**Date: 06/02/2025**

**6:30 AM - 11:00 AM  
PO# 56464**

**FCFS**

**Phone: 312-890-7426**

**STOP 2**

Micron Products Inc  
41 Sawyer Passway, Dock #2  
Fitchburg, MA, 01420

**Date: 06/02/2025**

**8:00 AM - 3:00 PM  
PO#s 309283 & 309347**

**FCFS**

**Phone: 312-890-7426**

Detention paid after 3 hours, at \$25 per hour ONLY on FULL TRUCK LOADS not the LTL shipments. Driver must call for dispatch, when loaded with IN AND OUT times. While in route and if any problems shall arise to halt delivery on time notify us immediately. Failure to do so will result in deduction in pay. \$550.00 deduction for missed appointment time, a deduction rate per day for missed appointments. POD must be emailed to er@erovernighters.com within 24 hours of delivery or \$100 deduction in pay. Carrier should provide location update twice a day or might resolve rate deduction.

DO NOT CALL ANY PHONES ON BOLTS/SHIPPERS RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

**Payment**

**Carrier Freight Pay:**

**\$ 2150.00**

POD'S needs to be emailed within 24 hrs or rate deductions will be incurred, send to [er@erovernighters.com](mailto:er@erovernighters.com)

ACCOUNTING # 630-686-5691

TO START PAYMENT PROCCES email paperwork

(Invoice, Rate Confirmation with clean and readable POD'S)

To [accounting@erovernighters.com](mailto:accounting@erovernighters.com)

OGININAL PAPERWORK SEND TO :

**ER Overnigheters Inc**

**6688 Joliet Rd, suite#351, Indian Head Park, IL 60525**

PAYMENT NET 30 Days from paperwork received.

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#### Instructions

Special Instructions here

**DRIVER NAME:**

**TRUCK#**

**TRAILER#**

X *Roy N.*

Agreement

Please sign and fax back to: 708-843-8186

\*This rate shall remain in effect until cancelled by either party giving written notice to the other. All accessorial fees must be approved, and proper documentation must be faxed in for reimbursement.

\*If load is "double-brokered", agreement is void.

\*Rate confirmation must be signed and returned to ER OVERNIGHTERS, INC

\*All overages, shortages, and damages must be reported immediately, before driver leaves the dock to ER OVERNIGHTERS, INC

\*Any carrier unable to honor a scheduled appointment is required to call 708-843-8390. Missed appointments are subject to and may warrant rate deductions.

#### WELCOME CARRIER.

We appreciate this opportunity to work with you and your firm. We will need the following Items to complete your firm's carrier file:

- Copy of D.O.T. Contract Carrier Authority
- An Automobile Liability Certificate:
  - In the amount of at least **\$1 million** U.S.
  - Issued by an insurance company rated A- or better
- Listing **ER OVERNIGHTERS, INC.** as a **Certificate Holder** and **Additional Insured**
- A Cargo Insurance Certificate:
  - In the amount of at least **\$100,000** U.S.
  - Issued by an insurance company rated A- or better
- W-9 form
- Broker/Carrier Transportation Brokerage Agreement

Please send the documents here:

Thank you for your assistance with obtaining the required information.

Sincerely, ER OVERNIGHTERS, INC

Billing Address: 6688 Joliet Rd, suite#351, Indian Head Park, IL 60525

STOP #1

THIS SHIPPING ORDER

FROM RTP CO.  
AT 1520 EAST 8TH ST  
WINONA, MN 55987

ON COLLECT ON DELIVERY SHIPMENTS THE LETTERS "COD" MUST APPEAR BEFORE  
CONSIGNEE'S NAME - OR AS OTHERWISE PROVIDED IN ITEM 130, SEC. 1.

HI-TECH MOLD  
ONE TECHNOLOGY DRIVE WEST  
PITTSFIELD MA 01201

CONSIGNEE AND DESTINATION

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

SHIPPER'S NO. 950508  
CARRIER'S NO. 950508

DATE 05/30/25  
CARRIER

BY  
DELIVERING CARRIER

ROUTE  
CAR OR VEHICLE INITIALS OR NO.

TRAFFIC # H1634

Subject to Section 7 of Conditions of Carriage, the shipper warrants that the goods are as described and are in conformity with the description on the invoice and are not subject to any special handling or other treatment.

It is the responsibility of the shipper to provide accurate information regarding the goods and to ensure that the goods are properly packed and labeled.

The carrier shall not make delivery of the goods to any person other than the consignee or its authorized agent.

Charges advanced \$

Signature of Consignor

Signature of Consignee

Signature of Carrier

Signature of Receiver

Signature of Shipper

Signature of Agent or Consignee

Signature of Receiver

Signature of Shipper

Signature of Agent or Consignee

Signature of Receiver

Signature of Shipper

Signature of Agent or Consignee

Signature of Receiver

Signature of Shipper

Signature of Agent or Consignee

Signature of Receiver



# THIS SHIPPING ORDER

MUST BE LEGIBLY FILLED IN, IN THE PRESENCE OF THE SHIPPER, AND MUST BE SIGNED BY THE SHIPPER.

NOTE: The shipper is responsible for the accuracy and validity of the information furnished on this bill of lading. The carrier is not responsible for the accuracy and validity of the information furnished on this bill of lading. The shipper is responsible for the accuracy and validity of the information furnished on this bill of lading. The carrier is not responsible for the accuracy and validity of the information furnished on this bill of lading.

FROM RTP CO.  
AT

1520 EAST 8TH ST  
WINONA, MN 55987  
ON COLLECT ON DELIVERY SHIPMENTS, THE LETTERS "COD" MUST APPEAR BEFORE  
CONSIGNEE'S NAME — OR AS OTHERWISE PROVIDED IN ITEM 430, SEC. 1.

MICRON PRODUCTS INC  
41 SAWYER PASSWAY  
DOCK #2  
FITCHBURG MA 01420

CAR OR VEHICLE  
INITIALS OR NO.  
950555 950556

(Mail to Street address of consignee — For purpose of notification only.)

NO. UNITS	HM	KIND OF PACKAGE	DESCRIPTION OF MATERIAL, SPECIAL MARKS, AND EXCEPTIONS	WEIGHT (Net or Gross)	CLASS or RATE	CK COL	SHIPPER'S NO.	CARRIER'S NO.
8		PR GAYLO RTP 699 X 101911 NAT/BLK		7680.0			C33823	
11		PR GAYLO RTP 699 X 153941 A NATURAL		11660.0				
COMBINE BILL OF LADING NO.: C33823								
SHIP NO. ORD NO. CUST P/O NO.								
950555 A47628 309347								
950556 A47117 309283								
FREIGHT CLASS: NMFC 156200 CLASS 60								
19		TOTAL PIECES	TOTAL WT.	19340.0				
EMERGENCY RESPONSE PHONE NO.								
COD CHARGE TO BE PAID BY								
SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/>								
This is to certify that the above-named materials are property classified, described, packaged, marked and labeled and are in the proper condition for transportation according to the applicable regulations of the Department of Transportation.								

Signature of Shipper  
Signature of Consignee  
Signature of Agent or Cashier  
Received \$  
To apply in payment of the charges on the property described herein.  
The signature here acknowledges only the amount prepaid.  
PLASTIC MATERIALS, OTHER THAN FOAM, CELLULAR EXPANDED OR SPONGE  
Charges advanced: \$

WINONA, MN 55987  
COREY, TRAFFIC MANAGER  
1520 EAST 8TH ST  
Shipper,

TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED BY THE U.S. DEPARTMENT OF TRANSPORTATION

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2