



INVOICE

BILL TO:
ARCH LOGISTICS LLC
1727 BLUFFVIEW DR #B
DUPO, IL 62239

INVOICE DATE: 06/06/2025
INVOICE #: R94378
TERMS: NET 30
DUE DATE: 07/06/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/05/2025		3545 Scarlet Oak Blvd, St. Louis, MO 63122, USA - 1220 SGA Drive, Hammond, LA 70402, USA			
		Freight Income	1	\$1,450.00	\$1,450.00

TOTAL
\$1,450.00

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



ARCH LOGISTICS

PRO # 15142

Rate Confirmation

06/04/25 11:26:07 (EST)

ARCH LOGISTICS LLC
1727 BLUFFVIEW DR UNIT #B
MC # 799168 / DOT # 2344967
DUPO IL 62239

F
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O
M
NERMIN BEGOVIC
(314) 941-2139 (p)
(314) 941-5646 (c)
nermin@archlogisticsllc.com

C
A
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R
ROYAL3 INC
(630) 566-1312 (p)
(630) 485-6980 (f)
MC # 944686 Truck #
DOT 2828543 Trailer #
Driver Cell #

Size & Type: 53' VAN
Pieces:

Description: ACOUSTIC PANELS
Weight: 15000

Miles: 618

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1450.00	THE TRUCK MUST BE 53' LONG WITH 101'' INTERIOR DIMENSIONS. NOTHING LESS WILL BE ACCEPTED! DRIVER MUST TRACK THE WHOLE TIME OR \$250 FINE. DRIVER MUST TAKE PICTURES AT PICKUP AND DELIVERY OR \$250 FINE
TOTAL RATE	1450.00	

PICK 1

GOLTERMAN & SABO
3545 SCARLET OAK BLVD
SAINT LOUIS MO 63122
Hours : 10AM-2PM

Appointment 06/05/25
Ref # D-72325

STOP 1

D. VICKERS HALL
1220 SGA DRIVE
HAMMOND LA 70402
Hours : 6:30-3PM
Phone/Contact: (225) 802-9853 NELSON MAYORGA

***DRIVER INFO REQUIRED - NO DRIVER INFO = \$500 FEE**
***TRACKING REQUIRED 24/7 - NO TRACKING/TURNED OFF TRACKING = \$500 FEE**
***LATE DELIVERY FEES VARY BY CUSTOMER - MINIMUM LATE FEE = \$500**
***ANY AND ALL DELAYS MUST BE REPORTED TO ARCH LOGISTICS IMMEDIATELY.**
***IF DIMENSIONS, WEIGHT, OR PIECE COUNT DO NOT MATCH, CONTACT BROKER IMMEDIATELY BEFORE LEAVING SHIPPER. FAILURE TO DO SO CAN RESULT IN CLAIM.**
***ALL ACCESSORIAL CHARGES (LUMPERS, DETENTION, UNPLANNED STOPS, ETC.) MUST BE PRE-APPROVED. UNAUTHORIZED CHARGES WILL NOT BE PAID.**
***UNLESS SPECIFIED AS LTL, SHIPMENT MUST BE MOVED AS A DEDICATED FTL.**
***ANY PENALTIES IMPOSED BY THE CUSTOMER TO BROKER FOR CARRIERS FAILURE TO FOLLOW SHIPPER INSTRUCTIONS WILL BE PASSED TO CARRIER.**
***REBROKERING OF SHIPMENT IS PROHIBITED. THE SHIPMENT WILL BE PICKED UP, TRANSPORTED, AND DELIVERED BY NAMED CARRIER. IF SHIPMENT IS REBROKERED, ARCH LOGISTICS WILL VOID ITS OBLIGATION TO PAY CARRIER.**
***CARRIER IS SOLELY RESPONSIBLE TO CONFIRM THAT IT MAY LAWFULLY AND SAFELY OPERATE ITS VEHICLE AND ITS CARGO OVER ANY ROAD, HIGHWAY, BRIDGE, AND OR ROUTE.**
*******PAYMENT*******
***SEND SCANNED POD & INVOICE TO: BILLING@ARCHLOGISTICSLLC.COM**
***ALL POD'S MUST BE SCANNED AND IN PDF FORMAT. NO PICTURES ACCEPTED.**
***FAILURE TO SUBMIT POD IN TIMELY MANNER = \$250 FINE**
***PAYMENT TERMS ARE N30 AND PAID ONLY WITH ACH. QUICK PAY AVAILABLE AT 5% FEE.**

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 26250604262651941
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 15142 must appear on all Invoices

E-Signed : 06/04/2025 10:26 AM CDT

ASTA MIJAC

asta@royal3inc.com
IP: 109.228.93.211

Sertifi Electronic Signature
DocID: 20250604102605194

Bill Of Lading - Short Form - Not Negotiable				BOL Number: 15142			
Ship From GOLTERMAN & SABO 3545 SCARLET OAK BLVD SAINT LOUIS MO 63122				Pro # : 15142 Ship Date : 06/05/25 Cust Ref # : D-72325 PU Ref # : D-72325 Del Ref # : Del Appt : Carrier : ROYAL3 INC Carrier Pro#: BRYAN			
Ship To D. VICKERS HALL 1220 SGA DRIVE HAMMOND LA 70402 (225) 802-9853 NELSON MAYORGA				References SEAL# 55457364			
Bill To ARCH LOGISTICS LLC 1727 BLUFFVIEW DR UNIT #B MC # 799168 / DOT # 2344967 DUPO IL 62239							
Special Instructions: SEAL# 55457364				Freight Terms: Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
QTY	PKG	Wgt	HM	Item Description	DIMS	Cts	NMFC #
11	SKIDS	15000		ACOUSTIC PANELS	48x48x		
*Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations.							
Haz Mat emergency Contact # _____							
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 not to exceed _____ per _____"				COD Amount: \$ _____ Fee Terms: Collect <input type="checkbox"/> , Prepaid <input type="checkbox"/> , Check Acceptable <input type="checkbox"/>			
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)							
For Freight Collect Shipments:							
If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.				Trailer Loaded: _____ Freight Counted: _____ _____ By Shipper _____ By Shipper _____ By Driver _____ By Driver			
Signature of Consignor: _____				Carrier Signature / Date _____			
Shipper Signature / 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. Property described above is received in good order, except as noted.			
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.				Carrier: _____ Date: _____			
Signature of Shipper: _____ Date: _____							
Consignee/Receiver Signature / Date _____							
This is to certify that the above named materials were received in apparent good order (except as noted).							
Signature of Consignee: _____ Date: _____							