



INVOICE

BILL TO:
MODE TRANSPORTATION LLC
14785 PRESTON ROAD SUITE 850
DALLAS, TX 75254

INVOICE DATE: 06/07/2025
INVOICE #: R94396
TERMS: NET 30
DUE DATE: 07/07/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/05/2025		732 Avenue R, Suite 140, Grand Prairie, TX 75050 - 1040 Derita Road, Concord, NC 28027			
		Freight Income	1	\$2,350.00	\$2,350.00

TOTAL
\$2,350.00

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

CARRIER RATE CONFIRMATION

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LOAD NUMBER 14872853 MUST APPEAR ON YOUR INVOICE!



BOOKED BY BRIANA BUCHANAN - NY

B/L# 191404264

PO# 191404264

14872853

CARRIER ZIGI FREIGHT INC DBA ROYAL3 INC

CARRIER CODE 112754

OFFICE

DISPATCH NAME

PHONE (630) 485-7370

FAX 630-485-6980

TOLL FREE



112754

EQUIPMENT REQUIRED VAN 53ft

WEIGHT 2lbs

TRAILER #

REF #

DRIVER NAME _____

DRIVER PHONE 111

CHARGES

\$2,350.00 FLAT RATE

\$2,350.00 TOTAL

PICKUP 06/05/2025 07:00 - 07:00

RH TX CROSSDOCK

732 AVENUE R

SUITE 140

GRAND PRAIRIE, TX 75050

CONTACT

PHONE

EMAIL

PICKUP #191404264, 191404264

SHIP # 191404264

SHIPMENT DESCRIPTION

1 PIECES ORDER#060624-TXD-409

1 PIECES ORDER#060724-TXD-440

DELIVER 06/06/2025 14:00 - 14:00

RH MKT 9 ATLANTA HDC

2930 AMWILER CT NW

ATLANTA, GA 30360

CONTACT

PHONE

EMAIL

DELIVERY #191404264

SHIPMENT DESCRIPTION

1 PIECES ORDER#060624-TXD-409

DELIVER 06/07/2025 12:30 - 12:30

RH MKT 40 C/O FGO

1040 DERITA ROAD

CONCORD, NC 28027

CONTACT

PHONE

EMAIL

DELIVERY #191404264

SHIPMENT DESCRIPTION

1 PIECES ORDER#060724-TXD-440

Please continue to next page

CARRIER RATE CONFIRMATION

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BOOKED BY BRIANA BUCHANAN - NY

B/L# 191404264

PO# 191404264

14872853

Carrier warrants that it is duly and legally qualified to provide the transportation services herein and holds at least \$1,000,000 in auto liability and cargo insurance of at least \$100,000. Accessorial charges must be stated above or agreed to in a subsequent signed rate confirmation between Broker and Carrier. Carrier must submit signed carrier confirmation(s) with Carrier's invoice, a legible copy or original proof of delivery. Unauthorized delayed service shall be charged to Carrier, not to exceed the actual charges assessed against Broker for which Carrier's actions are at fault. A minimum charge of \$100 shall apply to missed appointments. Carrier is prohibited from subcontracting this Load to any other Carrier or broker. Broker reserves the right to pay the delivering carrier directly and Carrier named below shall remain primarily liable as provided herein. Carrier shall defend, indemnify and hold harmless Broker, its shipper customer, and the bill of lading parties from any claims, actions or damages, arising out of Carrier's performance hereunder, including damages of any kind asserted against Broker for negligent hiring of Carrier, cargo loss and damage, theft, delay, damage to property, and personal injury or death. Carrier represents it has adequate coverage for towing and any towing invoice in excess of coverage shall be Carrier's sole responsibility. Broker shall be permitted to offset carrier payables for any loss, delay, shortage or damage. Carrier agrees that any loss or damage to customer's food grade cargo shall be considered a total loss. Carrier forfeits its right to be paid in the event Broker's freight is held hostage. Carrier payment terms are net 30 days from the date Broker receives Carrier's invoice, a legible copy or original proof of delivery, matching confirmation(s), and reimbursable receipts. If Fuel Surcharge is not separately stated, then Flat Rate is all inclusive. The Carrier, and any connecting Carrier, shall not receive for transport any freight that shall be excluded from coverage under its primary cargo policy. Delivery and pick-up dates and hours will not require the driver to violate hours of service regulations. Routing instructions are for informational purposes only. Carrier agrees that Broker's charges to its customers are confidential and need not be disclosed to Carrier. Carrier waives any rights it may have under 49 CFR §371.3 or any related or successor law or regulation. Food Safety: Carrier agrees to comply with the terms at: <https://carrterms.modetransportation.com/regulatory/>

Carrier submit invoices and backup documentation via email to sendmybill@modeglobal.com. Please access our Carrier Portal at <https://carriers.modeglobal.com> to request quick pay and make payment status inquiries.

Signature _____ Position _____ Date _____

Carrier Signature _____ Position _____ MC# 00944686 DOT# 2828543 Date _____

PO BOX 654371 DALLAS, TX 75265-4371 TEL 412-264-4548

DATE: 6/05/25

Bill of Lading Number: 8500972



(402) 8500972

SHIP FROM
 Name: TEXAS CROSS DOCK
 Address: 732 AVENUE R
 City/State/Zip: SUITE 140 2122100
 SID#:

FOB: []

SHIP TO
 Name: ATLANTA HDC
 Address 1: 2930 Amwiler Ct
 Address 2:
 Address 3:
 City/State/Zip: ATLANTA, GA 30360
 CID#:
 DOCK#:

CARRIER NAME: HDL
 Trailer Number: *P5260154
 Seal Number: 9946336
 SCAC: HDL
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Restoration Hardware c/o Continental Traffic Svc.
 Address: Clark Tower - Suite 1750, 5100 Poplar Avenue
 City/State/Zip: Memphis, TN 38137
 Special Instr:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid ___ Collect ___ 3rd Party ___

Master BOL#:

[] Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL	SHIPPER INFO
			(Circle One)	Dept.	Cube
	38 CTNS	1427.00 LBS	Y N		725.70
<i>Justin McNeil</i>					
GRAND TOTAL	38 CTNS	1427.00 LBS	###	###	#####

CARRIER INFORMATION

HANDLING	PACKAGE	COMMODITY DESCRIPTION	LTL ONLY
UNIT			
QTY	TYPE	QTY	TYPE
38	CTNS	38	CTNS
1427.00			
<i>Justin McNeil</i>			
			000000

38 #### 38 #### 1427.00 **

GRAND TOTAL #####

COD Amount: \$

Fee Terms: Collect: [] Prepaid: []

Customer check acceptable: []

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 to be not exceeding per

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. * 14706(c) (1) (A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between 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. The shipper hereby certifies that he/she is familiar with all terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

SHIPPER SIGNATURE / DATE

Trailer Loaded:

[] By Shipper
 [] By Driver

Freight Counted:

[] By Shipper
 [] By Driver/pallets said to contain
 [] By Driver/Pieces

CARRIER SIGNATURE/PICKUP DATE

Carrier acknowledge receipt of packages and required placards.
 Carrier certifies emergency response information was made available and/or carrier has USDOT 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 USDOT.

Wade Smith

DATE: 6/05/25

Bill of Lading Number: 8500971

SHIP FROM
 Name: TEXAS CROSS DOCK
 Address: 732 AVENUE R
 City/State/Zip: SUITE 140 2122100
 SID#:

FOB: []



(402) 8500971

SHIP TO
 Name: CHARLOTTE HDC
 Address 1: 1040 Derita Rd
 Address 2: Suite C
 Address 3:
 City/State/Zip: CONCORD, NC 28027
 CID#:
 DOCK#:

CARRIER NAME: HDL
 Trailer Number: P5260154
 Seal Number: 9946335
 SCAC: HDL
 Pro Number:

John Cyp
 6/7/25

A: 9:30
 D: 11:40

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Restoration Hardware c/o Continental Traffic Svc.
 Address: Clark Tower - Suite 1750, 5100 Poplar Avenue
 City/State/Zip: Memphis, TN 38137
 Special Instr:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid ___ Collect ___ 3rd Party ___

[] Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

Master BOL#:

CUSTOMER ORDER INFORMATION				PALLET/SLIP ADDITIONAL SHIPPER INFO		
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT		(Circle One)	Dept.	Cube
	130 CTNS	4198.00 LBS	Y	N		2066.94

GRAND TOTAL 130 CTNS 4198.00 LBS ### ### #####

CARRIER INFORMATION						LTL ONLY	
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		NMFC#	CLASS
QTY	TYPE	QTY	TYPE	WEIGHT	HM		
130	CTNS	130	CTNS	4198.00		000000	

130 #### 130 #### 4198.00 ** GRAND TOTAL #####

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SHIPPER SIGNATURE / DATE

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Trailer Loaded:
☒ By Shipper
☐ By Driver

Freight Counted:
☒ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature

Shipper

CARRIER SIGNATURE/PICKUP DATE

Carrier acknowledge receipt of packages and required placards
 Carrier certifies emergency response information was made available and/or carrier has USDOT emergency response guidebook or equivalent documentation in the vehicle.
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