



INVOICE

BILL TO:
ELI
1682 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308

INVOICE DATE: 06/09/2025
INVOICE #: R94738
TERMS: NET 30
DUE DATE: 07/09/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/07/2025		23331 County Road 3, Merrifield, MN 56465 - 2744 Ramsey Rd, Gainesville, GA 30501			
		Freight Income	1	\$2,300.00	\$2,300.00

TOTAL
\$2,300.00

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

0118957

Carrier:	ROYAL3 INC CHICAGO IL 60638	Contact:	Carrier Reps
Date:	06/06/2025	Phone:	850-702-9224 ext 1
	MC Number: 944686	Afterhours	afterhours@elberta.net

Order	Order: 0118957	Commodity:	Tractor Parts
	Miles: 1204.0	Weight:	40000.0
	Temp:	Trailer:	Van (DAT)
	BOL: 2036827356	Reference:	

PU 1	Name: CLOW STAMPING COMPANY	Date:	06/07/2025 1600
	Address: 23331 COUNTY ROAD 3		
	Phone: MERRIFIELD MN 56465	Contact:	Drvr Ld/Unld: No driver loading or unload

SO 2	Name: Kubota MFG America	Date:	06/09/2025 1400
	Address: 2744 Ramsey Rd		
	Phone: GAINESVILLE GA 30501	Contact:	Drvr Ld/Unld: No driver loading or unload

Payment	Carrier Freight Pay:	\$2,300.00
	Total Carrier Pay:	\$2,300.00

Instructions

Special instructions here

MUST OPT INTO MACROPOINT. FAILURE TO DO SO WILL RESULT IN A \$200 FINE.

MUST SUBMIT PAPERWORK WITHIN 24 HOURS OR RATE IS SUBJECT TO \$150 FEE

IF PAPERWORK IS NOT SUBMITTED WITHIN 180 DAYS OF DELIVERY, LOAD WILL NOT PAY

"LUMPERS AND DETENTION MUST BE SUBMITTED WITHIN 24 HOURS OF DELIVERY OR MAY NOT BE REIMBURSED"

Detention eligibility requirements (Detention paid after 3 hours)

1. Carrier must request detention via rate confirmation email thread within 24 hours of occurrence
2. Carrier must send BOL with in and out times clearly printed within 24 hours of occurrence
3. Carrier must have arrived on time AND be connected to tech tracking (Macropoint, 4 kites etc.)

Agreement

Please sign and fax back to

Brad Webb

Kelly Ivanovic

****MUST direct invoices and supporting documents to elisap@elberta.net, otherwise it will not be processed.*****

****Trailer must be clean, dry, no damage to chute or walls of trailer. Trailer must meet customer requirements****

Carrier is required to weigh shipment within 50 miles of departing each shipper. If carrier fails to weigh shipment within 50 miles each shipper, any citations/expenses incurred due to the will be the carrier's responsibility

REEFER MUST HAVE DOWNLOAD CAPABILITY AND RAN ON CONTINUOUS UNLESS NOTATED _____

****Driver must report any overages, shortages or damages immediately to booking rep****

Loads must be hauled by the Carrier identified herein and cannot be subcontracted or double brokered

****Loads cannot be partialled out without written consent. Full claim possible."**

****DETENTION CAN ONLY BE APPROVED IF TRACKING IS ACCEPTED.****

****Please contact afterhours@elberta.net and ELISolutionsAH@elberta.net for any after hours or weekend issues.****

Driver must verify BOL matches rate con. (Shipper, Receiver, Temperature, Product)

Rate will be subject to deduction due to service failure.

The temp. must follow the BOL. If there are any discrepancies in the ELI Rate Con and BOL - Please call ELI ASAP Temp on BOL w

Date: 06/04/25 PRO #

BILL OF LADING

B/L # B128985



SHIPPER #		TRAILER #		CONSIGNEE NAME AND ADDRESS			
SHIPPER NAME: Clow Stamping Company				KMA-GLV-BLDG[300]			
ADDRESS: 23103 County Road 3				2744 RAMSEY ROAD			
CITY	STATE	ZIP CODE	COUNTRY	CITY	STATE	ZIP CODE	COUNTRY
MERRIFIELD	MN	56465	USA	GAINESVILLE	GA	30501	USA

THIRD PARTY BILLING INFORMATION			
CITY	STATE	ZIP CODE	COUNTRY

SPECIAL INSTRUCTIONS
Bi: Tell Cd 9/25
Br: Hall

COD FEE: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>	COD AMT: \$0.00	CUSTOMER CHECK OK FOR COD AMOUNT YES <input type="checkbox"/> NO <input type="checkbox"/>
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# SHIPPING UNITS	KIND OF PKG	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC ITEM NO.	CLASS	WEIGHT (LB) SUBJ. TO CORR.	RATE	CHARGES CARRIER USE ONLY
22	SKIDS	METAL STAMPINGS	104500	50	8050		
Total Weight:					8050		

COLLECT

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:	FREIGHT CHARGES ARE COLLECT UNLESS MARKED PREPAID. CHECK BOX IF CHARGES ARE PREPAID. <input type="checkbox"/>	TOTAL CHARGES
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NOTE (1) 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 HEREBY SPECIFICALLY STATED BY THE SHIPPER TO BE NOT EXCEEDING By Sandra Paul

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C 14706 (c)(1)(a) and (B)

NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec 2(e) of NMFC item 360

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.

Signature of consignor _____

Received, subject to individually determined rates written contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to rates, classifications and rules that have been established by the carrier and are available to the shipper upon request.

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I hereby declare that the contents of this consignment are fully and accurately describe above by proper shipping name and are classified, packed, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

SHIPPER	CLOW STAMPING COMPANY	CARRIER	PENSKE LOGISTICS
PER	Sandra Paul	PER:	
		DATE:	
		H/U RECEIVED	

BILL OF LADING



THIRD PARTY BILLING INFORMATION				SPECIAL INSTRUCTIONS	
				<p>Pr: 920</p> <p>Br: Hall</p>	
CITY	STATE	ZIP CODE	COUNTRY		

# SHIPPING UNITS	KIND OF PKG	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC ITEM NO.	CLASS	WEIGHT (LB) SUBJ. TO CORR.	RATE	CHARGES CARRIER USE ONLY
1	SKID	METAL STAMPINGS	104500	50	47		
			Total Weight:		47		

COLLECT

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SHIPPER	CLOW STAMPING COMPANY	CARRIER	PENSKE LOGISTICS		
PER	Sandra Paul	PER	DATE	H/U RECEIVED	

Date **06/03/25** PRO # _____

BILL OF LADING

B/L # **B128864**

SHIPPER #		TRAILER #		CONSIGNEE NAME AND ADDRESS			
SHIPPER NAME		Clow Stamping Company		KMA-Shintone[SH3]			
ADDRESS		23103 County Road 3		5380-A Rafe Banks Road			
CITY	STATE	ZIP CODE	COUNTRY	CITY	STATE	ZIP CODE	COUNTRY
MERRIFIELD	MN	56465	USA	FLOWERY BRANCH	GA	30542	USA
THIRD PARTY BILLING INFORMATION				SPECIAL INSTRUCTIONS			
				<i>For Hall 6/9/25</i>			
CITY	STATE	ZIP CODE	COUNTRY				

COD FEE: Prepaid ☐ Collect ☐ COD AMT: \$0.00 CUSTOMER CHECK OK FOR COD AMOUNT YES ☐ NO ☐

# SHIPPING UNITS	KIND OF PKG	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC ITEM NO.	CLASS	WEIGHT (LB) SUBJ. TO CORR.	RATE	CHARGES CARRIER USE ONLY
14	SKIDS	METAL STAMPINGS	104500	50	5511		
					Total Weight:	5511	

COLLECT

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:	FREIGHT CHARGES ARE COLLECT UNLESS MARKED PREPAID. CHECK BOX IF CHARGES ARE PREPAID. <input type="checkbox"/>	TOTAL CHARGES
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SHIPPER	CLOW STAMPING COMPANY	CARRIER	PENSKE LOGISTICS
PER	Sandra Paul	PER	
		DATE	
		HU RECEIVED	

Date: 06/04/25 PRO #

BILL OF LADING

B/L # B128981



SHIPPER #		TRAILER #	
SHIPPER NAME Clow Stamping Company			
ADDRESS 23103 County Road 3			
CITY MERRIFIELD	STATE MN	ZIP CODE 56465	COUNTRY USA

CONSIGNEE NAME AND ADDRESS KMA-J-Shin[JS] 5350 MCEVER ROAD SUITE J			
CITY Flowery Branch	STATE GA	ZIP CODE 30542	COUNTRY USA

THIRD PARTY BILLING INFORMATION			
CITY	STATE	ZIP CODE	COUNTRY

SPECIAL INSTRUCTIONS <i>Bw Hld</i> <i>Gr: Hall</i> <i>6/9/25</i>	
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COD FEE: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>	COD AMT: \$0.00	CUSTOMER CHECK OK FOR COD AMOUNT YES <input type="checkbox"/> NO <input type="checkbox"/>
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# SHIPPING UNITS	KIND OF PKG	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC ITEM NO.	CLASS	WEIGHT (LB) SUBJ. TO CORR.	RATE	CHARGES CARRIER USE ONLY
2	SKIDS	METAL STAMPINGS	104500	50	911		
Total Weight:					911		

COLLECT

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:	FREIGHT CHARGES ARE COLLECT UNLESS MARKED PREPAID. CHECK BOX IF CHARGES ARE PREPAID. <input type="checkbox"/>	TOTAL CHARGES
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SHIPPER CLOW STAMPING COMPANY	CARRIER PENSKE LOGISTICS
Sandra Paul	DATE: _____
PER: _____	HU RECEIVED: _____

Date: 06/04/25 PRO #

B/L # B128980

BILL OF LADING



SHIPPER #		TRAILER #		CONSIGNEE NAME AND ADDRESS			
SHIPPER NAME		CLOW STAMPING COMPANY		KMA-JFN-B1[100]			
ADDRESS		23103 County Road 3		1001 McClure Industrial Drive			
CITY		MERRIFIELD		BLDG1			
STATE	MN	ZIP CODE	56465	CITY	Jefferson	STATE	GA
COUNTRY	USA			ZIP CODE	30549	COUNTRY	USA
THIRD PARTY BILLING INFORMATION				SPECIAL INSTRUCTIONS <i>Bi: 940 Dr: Hell</i>			
CITY		STATE		ZIP CODE		COUNTRY	

COD FEE: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>		COD AMT: \$0.00		CUSTOMER CHECK OK FOR COD AMOUNT YES <input type="checkbox"/> NO <input type="checkbox"/>			
# SHIPPING UNITS	KIND OF PKG	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC ITEM NO.	CLASS	WEIGHT (LB) (SUBJ. TO CORR.)	RATE	CHARGES CARRIER USE ONLY
1	SKID	METAL STAMPINGS	104500	50	238		
					Total Weight:	238	
COLLECT							
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:			FREIGHT CHARGES ARE COLLECT UNLESS MARKED PREPAID. CHECK BOX IF CHARGES ARE PREPAID. <input type="checkbox"/>			TOTAL CHARGES	

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SHIPPER:	CLOW STAMPING COMPANY	CARRIER:	PENSKE LOGISTICS
PER:	Sandra Paul	PER:	
		DATE:	
		NO RECEIVED:	

BILL OF LADING



06/04/25

PRO #

Date

BL #

B128979

SHIPPER #		TRAILER #		CONSIGNEE NAME AND ADDRESS			
SHIPPER NAME		CLOW STAMPING COMPANY		KMA-JFN-B2[200]			
ADDRESS		23103 County Road 3		995 McClure Industrial Drive			
				BLDG2			
CITY	STATE	ZIP CODE	COUNTRY	CITY	STATE	ZIP CODE	COUNTRY
MERRIFIELD	MN	56465	USA	Jefferson	GA	30549	USA
THIRD PARTY BILLING INFORMATION				SPECIAL INSTRUCTIONS			
				<i>Li Hall</i> <i>6/9/25</i> <i>Li Hall</i>			
CITY	STATE	ZIP CODE	COUNTRY				

COD FEE: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>		COD AMT: \$0.00		CUSTOMER CHECK OK FOR COD AMOUNT YES <input type="checkbox"/> NO <input type="checkbox"/>	
# SHIPPING UNITS	KIND OF PKG	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC ITEM NO	CLASS	WEIGHT (LB) SUBJ TO CORR.
2	SKIDS	METAL STAMPINGS	104500	50	367
Total Weight:					367
COLLECT					
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:			FREIGHT CHARGES ARE COLLECT UNLESS MARKED PREPAID. CHECK BOX IF CHARGES ARE PREPAID. <input type="checkbox"/>		TOTAL CHARGES

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PER	Sandra Paul	PER	
		DATE	
		HTU RECEIVED	