



INVOICE

BILL TO:
MAVERICK TRANSPORT INC
301 BAY ST, SUITE 401
EASTON, MD 21061

INVOICE DATE: 06/12/2025
INVOICE #: R95530
TERMS: NET 30
DUE DATE: 07/12/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/11/2025		2435 Watson St NW, Lenoir, NC 28645, USA - 14797 State St # 1, Hillman, MI 49746, USA			
		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

MAVERICK TRANSPORTATION, INC.

P.O. BOX 737
PINE MOUNTAIN, GA 31822
706-663-4406

CONFIRMATION OF TARIFF VERBAL RATE AGREEMENT

Pursuant to our verbal agreement of 06/11/2025, between LISA of **MAVERICK TRANSPORTATION, INC.**, hereafter referred to as **BROKER**, and PHIL of **ROYAL3 INC**, hereafter referred to as **Common Carrier**:

Both parties agree that **BROKERS** reference number **48248-0**, moving on **06/11/2025**, from **LENOIR, NC** to **HILLMAN, MI** (number of intermediate stops shown below), will move at the following rate:

1	FLAT RATE	2,150.0000	\$ 2,150.00

		TOTAL:	\$ 2,150.00

This confirmation governs the movement of the above-referenced freight as of the date specified and hereby amends, is incorporated by reference and becomes a part of that certain Transportation Contract by and between "BROKER" and "Common Carrier". Carrier agrees to sign the Confirmation and return it to BROKER via FAX and Carrier shall be conclusively presumed to have agreed to the rates set forth hereinfor a spot market customer. By its signature below Carrier further represents and warrants that said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to Carrier at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim for undercharges.

**IF AGREED SERVICES ARE NOT FULFILLED, RATES ARE NEGOTIABLE.
IF DOUBLE BROKERED, AGREEMENT IS - VOID!**

COMMENTS

IF YOUR DRIVER DOES NOT PARTICIPATE IN MACRO POINT TRACKING, \$100.00 WILL BE DEDUCTED FROM THE RATE.

***** **Send invoices to ap@maverickTRANSPORTATION.com** *****

SPECIAL INSTRUCTIONS

***** BLIND SHIPMENT - DO NOT DISCLOSE SHIPPER LOCATION ***---- USE BOL FROM SHIPPER ---***RECEIVER MUST BREAK SEAL *****

**Common Ca: FHWA# MC944686
ROYAL3 INC**

**BROKER : FHWA# 222700
MAVERICK TRANSPORTATION, INC.**

BY: _____
TITLE: _____
DATE: _____
PHONE: 630-485-7370 Ext: 142 FAX#:630-485-6980

BY: LISA
TITLE: ADMIN/BROKER
DATE: 06/11/2025
PHONE:800-226-6040 FAX#:706-663-8363

E-MAIL: _____
TRK#:362 TRL#:H 10473
DRIVER 1:JOCA DRIVER CELL: 630-338-5389
DRIVER 2: DRIVER CELL:

E-MAIL: lisa@mavericktransportation.com

MAVERICK TRANSPORTATION, INC.

P.O. BOX 737
PINE MOUNTAIN, GA 31822
706-663-4406

CARRIER PICKUP & DELIVERY SCHEDULE

ROYAL3 INC

FHWA#: MC944686 Telephone#:630-485-7370 Ext: 142 Fax#:630-485-6980 E-mail:phil@royal3inc.com

REFER TO THIS NUMBER FOR BILLING OR INQUIRIES==> 48248-0

Special Instructions: *** BLIND SHIPMENT - DO NOT DISCLOSE SHIPPER LOCATION ***----- USE BOL
FROM SHIPPER ---***RECEIVER MUST BREAK SEAL***

Equipment Required: 53' VANS Total Load Value: UNDECLARED

[1] Pickup: BB WAREHOUSE - LENOIR

2435 WATSON ST NW
LENOIR, NC 28645

1 Contact:
Contact:

Date: 06/11/2025 - Commodity: FAK
Time: 7:00 AM - 3:00 PM P.O.#: 061125_NCMED-01 B/L#: SHIP#:
Appointment Required: Appointment #: SET BY:
Value: UNDECLARED Weight: 20000
Pallet Exchange: Quantity: 0 Driver Load:
Temperature Controlled: ___ degrees Fahrenheit

[2] Delivery: MITTEN LIQUIDATION

14797 STATE ST
RECEIVER MUST BREAK SEAL
HILLMAN, MI 49746

1 Contact:
Contact:

Date: 06/12/2025 - Commodity:
Time: 9:00 AM - 3:00 PM P.O.#: B/L#: SHIP#:
Appointment Required: Appointment #: Set By:
Value: UNDECLARED
Pallet Exchange: Quantity: 0 Unload:

<<< BILL TO INFORMATION >>>

<<< DISPATCH INFORMATION >>>

GAIL

Telephone: 706-663-4406
Fax#: 706-663-8363
MAVERICK TRANSPORTATION, INC
PINE MOUNTAIN, GA 31822
e-Mail: ap@mavericktransportation.com

Contact: LISA

Telephone: 800-226-6040
Fax#: 706-663-8363
e-Mail: lisa@mavericktransportation.com

COMMENTS

IMPORTANT!!!

ANY DELAY OR EMERGENCY ENROUTE MUST BE REPORTED TO MAVERICK TRANSPORTATION IMMEDIATELY. OUR PHONES ARE ANSWERED 24/7 SO THAT WE CAN BE REACHED AT ANY TIME OF DAY OR NIGHT.

Please submit ALL invoicing packets to AP@MAVERICKTRANSPORTATION.COM MC222700

SHIP FROM
 Name: BUGGYBUSTERS
 Address: 5989 STEWART PARKWAY
 City/State/Zip: DOUGLASVILLE, GA 30135 -
 SID#: _____ FOB:

SHIP TO
 Name: MITTEN LIQUIDATION
 Address: 14797 STATE ST
 RECEIVER MUST BREAK SEAL
 City/State/Zip: HILLMAN, MI 49746 -
 SID#: _____ FOB:

THIRD PARTY FREIGHT CHARGES BILL TO
 Name: MAVERICK TRANSPORTATION, INC.
 Address: P.O. BOX 737
 City/State/Zip: PINE MOUNTAIN, GA 31822

SPECIAL INSTRUCTIONS:

Bill of Lading Number: MAVTRANS100015901

 (402) MAVTRANS100015901
 CARRIER NAME: ROYALS INC
 Trailer Number: H10473
 Seal Numbers: 30220357804
 SCAC:
 Ref number: 0-48248-0
 P.O. No.: 061125_INCMED-01

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect
 Master Bill of Lading: with attached underlying bill of Lading
 3rd Party X

HANDLING UNIT				PACKAGE			SHIP TO			CARRIER INFORMATION			LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M.	COMMODITY DESCRIPTION	DIMENSIONS	NMFC#	CLASS					
0		1	20000	20000	(X)	FAK								

RECEIVER: *Alexandria Veeren*
 DATE: 6-11-25

*** RECEIVER MUST VERIFY AND MARK SEAL INTACT ON BOL. ***

When the rate is \$500000 or more, 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 \$ _____"
 COD Amount: \$ _____
 Fee Terms: Collect Prepaid:
 Customer check acceptable:

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. = 14706(c)(1)(A) and (B).
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / DATE
Alexia Martens 6/11/25

TRAILER LOADED
 By Shipper
 By Driver

FREIGHT COUNTED
 By Shipper
 By Driver/pallets said to contain
 By Driver/pieces

CARRIER SIGNATURE / PICKUP DATE
SK 6/11/25

Property description above is required in good order, except as noted.