



## INVOICE

**BILL TO:**

All Pro Freight Systems Inc.  
1200 CHESTER INDUSTRIAL PKWY  
Avon, OH 44011

**INVOICE DATE:** 06/13/2025**INVOICE #:** R95770**TERMS:** NET 30**DUE DATE:** 07/13/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/12/2025		516 Stump Rd, Montgomeryville, PA 18936 - 361 Fairview Ave, Barberton, OH 44203			
		Freight Income	1	\$700.00	\$700.00

**TOTAL**

\$700.00

**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**

06/12/25 1:50 PM

## All Pro Freight Systems Inc.

1006 Crocker Road, Westlake OH 44145  
PH# 800-837-5779 FAX # 440-934-2255  
**LOAD AND RATE CONFIRMATION**

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CARRIER:	ROYAL3, INC.	<b>ORDER# 878305</b>
CARRIER CODE:	ROYCHI	<b>*MUST APPEAR ON ALL BILLING*</b>
PHONE#	(630)485-7370	
FAX#	(630)485-6980	ATTN: Bonnie
LOAD DATE: 06/12/25	PO#: 055755-1	PALLETS: 18
DEL DATE: 06/13/25	-: -	WEIGHT: 43000
		EQUIP TYPE: 48/53 Van Only

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<b>Load At:</b>		
PANADYNE INC	TIME: 6/12/2025 12:00:00 PM	<b>**DRIVER MUST CALL</b>
516 Stump Rd	6/12/2025 4:00:00 PM	<b>ALLPRO FOR</b>
-	EST PCS: 18	<b>DISPATCH**</b>
MONTGOMERYVILLE,PA/MON	EST WEIGHT: 43000	
18936	COMMODITY: UNKNOWN	

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<b>Deliver To:</b>		
MALCO PRODUCTS	TIME: 6/13/2025 10:30:00 AM	<b>**DRIVER MUST CALL</b>
361 Fairview Ave	6/13/2025 10:30:00 AM	<b>ALLPRO FOR</b>
	EST PCS: 18	<b>DISPATCH**</b>
BARBERTON,OH/	EST WEIGHT: 43000	
44203	COMMODITY: UNKNOWN	

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**Stop Totals:**  
Total PCS:18                      Total Weight:43000

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**Please Note: -**

**Pay Summary:**

FLAT RATE:	\$ 700.00	<b>TOTAL PAY</b>
FUEL SURCHARGE:	\$ .00	<b>\$ 700.00</b>
OTHER	\$ .00	

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**CARRIER SIGNATURE:** \_\_\_\_\_ **DATE:** 6/12/2025

Please sign and send back attention: -. All accessorial charges must be pre-approved and billed with receipt and POD. In order for additional loading or unloading charges to be paid, shipper or consignee must notate them on bill of lading. Any problems, reschedules or other issues must be handled through our office. Driver/dispatchers are **NOT** to call shippers/receivers. **POD's not submitted within 24 hours will be subject to a 5% rate deduction.**

**PAYMENT:** REQUIRES A FULL LEGIBLE COPY OF THE COMPLETELY SIGNED ORIGINAL BOL / DELIVERY RECEIPT AND RATE CONFIRMATION. ANY LUMPER RECEIPTS MUST BE SUBMITTED PRIOR TO THE DRIVER'S DEPARTURE OR THEY **WILL NOT** BE REIMBURSED. PLEASE EMAIL ALL DOCUMENTS TO: [BILLING@ALLPROFREIGHT.COM](mailto:BILLING@ALLPROFREIGHT.COM). MUST REFERENCE ORDER#: **878305** ON ALL CORRESPONDENCE.

Charges as shown represent all applicable charges. No other amount will be paid. Any additional charges must be authorized by All Pro at the time they are incurred. A new confirmation reflecting any additional charges will be sent for authorized charges only. Pay will not be authorized for any load that is double brokered. A fine equal to 25% of the total pay above or an amount covering any fees assessed to All Pro by our customer, whichever is greater, will be deducted from any load where an unreported service failure has occurred or an unauthorized change has been made.

Date: 6/12/25

## BILL OF LADING

Page 1 of \_\_\_\_\_

## SHIP FROM

Name: Panadyne Inc  
Address: 516 Stump Road  
City/State/Zip: Montgomeryville, PA 18936  
SID#:

FOB: ☐

Bill of Lading Number: 37615

BAR CODE SPACE

## SHIP TO

Name: Malco Products Inc. Location #: \_\_\_\_\_  
Address: 361 Fairview Ave.  
City/State/Zip: Barberton, OH 44203  
CID#:

FOB: ☐

CARRIER NAME: Allpro Freight

Trailer number:

Seal number(s):

SCAC:

Pro number:

BAR CODE SPACE

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
Address:  
City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid \_\_\_\_\_ Collect XXXXXX 3<sup>rd</sup> Party \_\_\_\_\_

(check box)

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
PO 055755-1	756 bags	41652	Y	N	Calcined Alumina, PN 6/12
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	756 bgas	41652	Y	N	

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>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 Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
18	pallets	756	bags	43000		Calcined Alumina	13090	55
18		756		43000				

RECEIVING  
STAMP SPACE

GRAND TOTAL

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

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).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the 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, and to all applicable state and federal regulations.

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

## SHIPPER SIGNATURE / DATE

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.

## Trailer Loaded:

- ☐ By Shipper  
☐ By Driver

## Freight Counted:

- ☐ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces

## Shipper Signature

## CARRIER SIGNATURE / PICKUP 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.