



INVOICE

BILL TO:
BMM LOGISTICS INC
330 S WELLS ST STE 200A
CHICAGO, IL 60606

INVOICE DATE: 06/16/2025
INVOICE #: R95902
TERMS: NET 30
DUE DATE: 07/16/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/13/2025		1434 Lowell St, Elyria, OH 44035 - 1037 NW 4th St, Homestead, FL 33030			
		Freight Income	1	\$2,400.00	\$2,400.00

TOTAL
\$2,400.00

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

6/13/2025 8:54:08 AM



330 S Wells St Ste 200A

CHICAGO, IL 60606

TEL: 877-266-5558

FAX: 773-672-2066

FOR CARRIER PAYMENT:

EMAIL:

AP@BMMLOGISTICS.COM

FAX: 773-672-2055

LOAD #: 264571

CARRIER INFORMATION

CARRIER: ROYAL3 INC
TEL: 630-485-7370
FAX:
CONTACT: BONNIE
EMAIL: bonnie@royal3inc.com

MC#: 944686
EQUIPMENT TYPE: Van 53'
TRACTOR/TRAILER: 772 / H11498
DRIVER NAME: Dede Mezac
DRIVER TEL: 7863506674

LOAD NOTES

****2 LOAD LOCKS OR STRAPS REQUIRED**NO REEFERS****

STOP INFORMATION

Pickup At

HC COMPANIES
1434 LOWELL ST
Elyria, OH 44035

EARLIEST: 06/13/25 07:00
LATEST: 06/13/25 13:00

P/U 91111

Commodity: PALLETIZED PLASTIC POTS

0.00 PCS

30000 LBS

Deliver To

ACOSTA FARMS
19200 SW 168TH ST
Miami, FL 33178

EARLIEST: 06/16/25 08:00
LATEST: 06/16/25 15:00

P/U

Commodity: PALLETIZED PLASTIC POTS

0.00 PCS

30000 LBS

Deliver To

VERAS NURSERY
14201 SW 200TH ST
Miami, FL 33177

EARLIEST: 06/16/25 08:00
LATEST: 06/16/25 15:00

P/U

Commodity: UNKNOWN

0.00 PCS

0 LBS

Deliver To

BWI
1037 NW 4TH ST
Homestead, FL 33030

EARLIEST: 06/16/25 08:00
LATEST: 06/16/25 15:00

P/U

Commodity: UNKNOWN

0.00 PCS

0 LBS

PAY SUMMARY:

FLAT RATE \$2,400.00

ACCESSORIAL \$0.00

TOTAL \$2,400.00

BROKER SIGNATURE: NEVENA GOGIC

DATE: _____

CARRIER SIGNATURE: _____

DATE: _____

**LOAD CONFIRMATION AND PAYMENT AGREEMENT
TERMS**

All drivers must call BMM to be dispatched. Driver must check in at pick-up and consignee as BMM. Carrier agrees to the terms of the Load Confirmation and Payment Agreement to be completed or all charges will be waived. All relevant receipts (lumper, pallet exchange, etc.) must be submitted within 48 hours of delivery to be reimbursed. Seals and locks must be intact upon delivery. Carrier agrees that it is the sole carrier for the entire shipment and there will be no brokering of said load to another carrier. Co-brokering will result in non-payment of this load. Load Confirmation and Payment Agreement must have driver's name, driver's truck and trailer number, and driver's cell phone number. Proper load temperature is the driver and/or carrier's responsibility. Driver must verify at the time of pick-up that the bill of lading matches the temperature on Load Confirmation and Payment Agreement. All accessorial charges must be approved by customer. Please allow 24-48 hours. There is no guarantee for accessorial charges. If approved by customer Truck order not used (TONU) max of \$125. Layovers Max of \$150 and Detention Max of \$25 per hour; with six hours maximum. Comchecks issued by BMM are subject to a \$10 fee. Carrier is solely responsible for routing and dispatching the load given and it is the carrier's sole responsibility to insure the directions are appropriate, and that those routes are compatible with regard to any type of equipment a carrier may be using. Carrier is responsible for any fines, citations or penalties that may be issues as a result of operating in any way that can be deemed a violation of any ordinance, law, or regulation. Carrier agrees to the terms and conditions of the Broker-Carrier Transportation Contract between BMM Logistics Inc and carrier, and such agreement governs this Load Confirmation and Payment Agreement between the parties even in the event that carrier does not sign this Load Confirmation and Payment Agreement, but provides the transportation as described therein. In the event of any conflict between the Broker-Carrier Transportation Contract and the Load Confirmation and Payment Agreement, the Broker-Carrier Transportation Contract shall govern and then any terms set forth in this Load Confirmation and Payment Agreement shall apply. Carrier agrees to and must comply with all Department of Transportation and other governmental regulations. **BMM's payment terms are 45 days from date of receipt of invoice, rate confirmation, proof of delivery, and relevant receipts. Please email invoice, rate confirmation, proof of delivery, and relevant receipts to ap@bmmlogistics.com, or fax to 773-672-2055**

Date: 6/13/25

BILL OF LADING

TMS ID: 191656794

Page: 1

SHIP FROM
 Name: The HC Companies
 Address: 1434 Lowell Street
 City/St: Elyria, OH
 Zip: 44035

Bill Of Lading No: 0039731000 8394500



00397310008394500

SHIP TO
 Name: BWI - HOMESTEAD FL
 Address1: 1037 NW 4TH ST
 Address2:
 Address3: HOMESTEAD FL
 City/Zip: 33030

CARRIER NAME
 BMM LOGISTICS INC
 Trailer number: 91111
 Seal number(s):

SCAC: BMML
 Pro#:

THIRD PARTY FREIGHT CHARGES BILL TO
 Name:
 Address1:
 Address2:
 Address3:
 City/Zip:

SPECIAL INSTRUCTIONS: Master Bill Of Lading No. 00397310000911118
 Drop#191656794-
 Driver must call 01 hours before delivery
 305-247-5115

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

Prepaid: X Collect: 3rd Party:

☐ (check box) Master Bill Of Lading with attached underlying Bills of Lading

CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO		
		#PKGS	WEIGHT	PALLET/SLIP (Circle one)		5 digit (Dest. ID)	4 digit (Po Type)	5 digit (Dept. ID)
1536734		12	8203.94	Y	N			
1536881			290.85	Y	N			
GRAND TOTAL		12	8494.79					

HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
12	PLTS	320	CSE	7153.23		PLASTIC PRODUCTS		
		1	PLT	1050.71		PLASTIC PRODUCTS		
		114	BDL	290.85		PLASTIC PRODUCTS		
12		435		8494.79		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.

THE HC COMPANIES, INC. Shipper
 Signature

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

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.

Properly described above is received in good order, except as noted.

Rec. 6/16/2025

Date: 6/13/25

BILL OF LADING

TMS ID: 191656794

Page: 1

SHIP FROM
 Name: The HC Companies
 Address: 1434 Lowell Street
 City/St: Elyria, OH
 Zip: 44035

Bill Of Lading No: 0039731000 8394500



00397310008394500

SHIP TO
 Name: BWI - HOMESTEAD FL
 Address1: 1037 NW 4TH ST
 Address2:
 Address3: HOMESTEAD FL
 City/Zip: 33030

CARRIER NAME
 BMM LOGISTICS INC
 Trailer number: 91111
 Seal number(s):
 SCAC: BMML
 Pro#:

THIRD PARTY FREIGHT CHARGES BILL TO
 Name:
 Address1:
 Address2:
 Address3:
 City/Zip:

SPECIAL INSTRUCTIONS: Master Bill of Lading No. 00397310000911118
 Drop#191656794-
 Driver must call 01 hours before delivery
 305-247-5115

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

Prepaid: X Collect: 3rd Party:

☐ (check box) Master Bill Of Lading with attached underlying Bills of Lading

CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO		
		#PKGS	WEIGHT	PALLET/SKIP (Circle one)		5 digit (Dest. ID)	4 digit (Po Type)	5 digit (Dept. ID)
1536734		12	8203.94	Y	N			
1536881			290.85	Y	N			
GRAND TOTAL		12	8494.79					

HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
12	PLTS	320	CSE	7153.23		PLASTIC PRODUCTS		
		1	PLT	1050.71		PLASTIC PRODUCTS		
		114	BDL	290.85		PLASTIC PRODUCTS		
12		435		8494.79		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.

THE HC COMPANIES, INC. Shipper
 Signature

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


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.

Properly described above is received in good order, except as noted.

Rec. 6/16/2025

BILL OF LADING

Name: The HC Companies Address: 1434 Lowell Street City/St: Elyria, OH Zip: 44035		Bill Of Lading No: 0039731000 839089 2  00397310008390892	
SHIP FROM		SHIP TO	
Name: VERAS NURSERY Address1: 14201 SW 200TH ST Address2: Address3: MIAMI FL City/Zip: 33177		CARRIER NAME BMM LOGISTICS INC Trailer number: 91111 Seal number(s): SCAC: BMM Pro#:	
THIRD PARTY FREIGHT CHARGES BILL TO			
Name: Address1: Address2: Address3: City/Zip:			
SPECIAL INSTRUCTIONS: Master Bill Of Lading No. 0039731000091118 Drop#191656794- Driver must call 24 hours before delivery 786-504-3039			
CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION	
#PKGS	WEIGHT	Pallet/SLIP (Circle one)	
4	2273.32	Y N	
17293		Master Bill Of Lading with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
ADDITIONAL SHIPPER INFO		\$ app (Dom. O) \$ app (Pu Type) \$ app (Ext. O) \$ app (Dom. O) \$ app (Pu Type) \$ app (Ext. O)	
GRAND TOTAL		4 2273.32	
CARRIER INFORMATION		COMMODITY DESCRIPTION	
H/M	WEIGHT (X)	Commodity description as to bill of lading See Section 2 of NMFC Item 302	
4	2273.32	PLASTIC PRODUCTS	
HANDLING UNIT QTY TYPE		PACKAGE QTY TYPE	
4	PLTS	92	CSE
GRAND TOTAL		4 2273.32	
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 individual terms and conditions of contract, the carrier has been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules which have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.			
SHIPPER SIGNATURE / DATE		THE HC COMPANIES, INC. - shipper Signature	
Trailer loaded:		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	
This is to certify that the above named addresses are property classified according to the NACCS rating system as of 1/1/2017		CARRIER SIGNATURE / PICKUP DATE Carrier signature required for receipt and required details. Carrier certifies emergency response information was made available in accordance with the NACCS rating system as of 1/1/2017.	

Date: 6/13/25

SHIP FROM

Name: The HC Companies
Address: 1434 Lowell Street
City/St: Elvira, OH
Zip: 44035

BILL OF LADING

TMS ID: 191656794

Page: 1

Bill of Lading No: 0039731000 8394814



00397310008394814

SHIP TO

Name: ACOSTA FARMS NURSERY INC
Address1: 19200 SW 168TH ST
Address2:
Address3: MIAMI FL
City/Zip: 33178

THIRD PARTY FREIGHT CHARGES BILL TO

Name:
Address1:
Address2:
Address3:
City/Zip:

CARRIER NAME
BMW LOGISTICS INC
Trailer number: 91111
Seal number(s):
SCAC: BMWL
Prob:

SPECIAL INSTRUCTIONS: Master Bill of Lading No.
0039731000091118 Drop#191656794-
Driver must call 02 hours before delivery
305-253-2649

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

CUSTOMER ORDER NUMBER

CUSTOMER ORDER INFORMATION

PER NICK

#PKGS 9 WEIGHT 10759.85

(check box)
☐ Master Bill of Lading with attached
underlying Bills of Lading
PALLETS/SLIP (Circle one) Y N
Additional Shipper Info
4 Sep Date 10 4 Sep Date 10 5 Sep Date 10

GRAND TOTAL

9 10759.85

HANDLING UNIT

PACKAGE

QTY TYPE

QTY TYPE

WEIGHT

H/M

COMMODITY DESCRIPTION

UNIT ONLY

CLASS

PLTS

PLT

CSE

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PLASTIC PRODUCTS

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GRAND TOTAL

9 10759.85

62 10759.85

GRAND TOTAL

COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐

Customer check acceptable: ☐

Signature

THE HC COMPANIES, INC. Shipper

Signature

CARRIER SIGNATURE / PICKUP DATE

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