



INVOICE

BILL TO:

ER OVERNIGHTERS INC
6688 JOLIET RD SUITE 351
COUNTRYSIDE, IL 60525

INVOICE DATE: 06/23/2025**INVOICE #:** R97294**TERMS:** NET 30**DUE DATE:** 07/23/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/20/2025		640 Remington Blvd, Unit B, Bolingbrook, IL 60440 - 8800 Boomtown Garson Road, Reno, NV 89523, USA			
		Freight Income	1	\$3,100.00	\$3,100.00

TOTAL

\$3,100.00

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

Phone: **708-843-839**

Carrier: Royal 3 Inc
MC#: 944686
Date: 6/20/24

Contact: Milo
Phone: 630-566-1286
Email: dispatch@royal3inc.com

Order

LOAD: 71622 71620
BOOKED WITH: Justin
Pick-Up: 6/20/25

Commodity: FAK
Weight: 6,000lbs
Trailer: 53dry Van

PICK 1

DXB Inc

640 Remington Blvd, Unit B
Bolingbrook, IL 60440
Phone: 630-696-1083

Date: 06/20/25 8am-4pm

PLEASE DO NOT PARK HERE OVERNIGHT YOU WILL BE TICKETED

NO DETENTION PAID AFTER 5PM or weekend loading

NO REEFERS OR STRAIGHT TRUCKS WILL BE LOADED, PICK UP EMPTY

DO NOT CALL ANY PHONES ON BOLLS/SHIPPERS RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

STOP 1

Garratt Callahan
2200 E Newlands Dr
Frenley, NV 89408

Date: 06/23/25 7am

need POD

Phone: **630-696-1083**

STOP 2

Daikin Applied
8800 Boomtown Garson Rd
Suite 100
Verdi, NV 89439

Date: 06/23/25 10am

need POD

Phone: **630-696-1083**

Detention paid after 3 hours, at \$25 per hour ONLY on FULL TRUCK LOADS not the LTL shipments. Driver must call for dispatch, when loaded with IN AND OUT times. While in route and if any problems shall arise to halt delivery on time notify us immediately. Failure to do so will result in deduction in pay. \$550.00 deduction for missed appointment time, a deduction rate per day for missed appointments. POD must be emailed to er@erovernighters.com within 24 hours of delivery or \$100 deduction in pay. Carrier should provide location update twice a day or might resolve rate deduction.

DO NOT CALL ANY PHONES ON BOLLS/SHIPPERS RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

Payment

Carrier Freight Pay:

\$ 3100.00

POD'S needs to be emailed within 24 hrs or rate deductions will be incurred, send to er@erovernighters.com

ACCOUNTING # 630-686-5691

TO START PAYMENT PROCCCESS email paperwork

(Invoice, Rate Confirmation with clean and readable POD'S)

To accounting@erovernighters.com

OGININAL PAPERWORK SEND TO :

ER Overnigheters Inc

6688 Joliet Rd, suite#351, Indian Head Park, IL 60525

PAYMENT NET 30 Days from paperwork received.

Instructions

Special Instructions here

DRIVER NAME:

TRUCK#

TRAILER#

X

Milo Morrison

Agreement

Please sign and fax back to: 708-843-8186

*This rate shall remain in effect until cancelled by either party giving written notice to the other. All accessorial fees must be approved, and proper documentation must be faxed in for reimbursement.

*If load is "double-brokered", agreement is void.

*Rate confirmation must be signed and returned to ER OVERNIGHTERS, INC

*All overages, shortages, and damages must be reported immediately, before driver leaves the dock to ER OVERNIGHTERS, INC

*Any carrier unable to honor a scheduled appointment is required to call 708-843-8390. Missed appointments are subject to and may warrant rate deductions.

WELCOME CARRIER.

We appreciate this opportunity to work with you and your firm. We will need the following Items to complete your firm's carrier file:

- Copy of D.O.T. Contract Carrier Authority
- An Automobile Liability Certificate:
 - In the amount of at least **\$1 million** U.S.
 - Issued by an insurance company rated A- or better
 - Listing **ER OVERNIGHTERS, INC.** as a **Certificate Holder** and **Additional Insured**
- A Cargo Insurance Certificate:
 - In the amount of at least **\$100,000** U.S.

- Issued by an insurance company rated A- or better
- W-9 form
- Broker/Carrier Transportation Brokerage Agreement

Please send the documents here:

Thank you for your assistance with obtaining the required information.

Sincerely, ER OVERNIGHTERS, INC

Billing Address: 6688 Joliet Rd, suite#351, Indian Head Park, IL 60525

Bill of Lading - Short Form - Not Negotiable

SHIP FROM				Bill of Lading Number (FB#): LD0283105 <div style="font-size: 1.5em; font-weight: bold; text-align: center;">*LD0283105*</div>			
Lutz-JESCO america corp 55 Bernar park Rochester NY 14624							
SHIP TO				CARRIER NAME: SCAC: Pro Number: MACRO <div style="font-size: 1.5em; font-weight: bold; text-align: center;">* MACRO *</div>			
Garratt Callahan 2200 E NEWLANDS DRIVE Fernley NV 89403							
THIRD PARTY FREIGHT CHARGES BILL TO				Freight Charge Terms: (freight charges prepaid unless marked) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading			
OTI No. 003952NF							
SPECIAL INSTRUCTIONS: <div style="font-size: 1.5em; font-family: cursive; text-align: center;">Must deliver on 6/23/25</div>							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET SLIP (circle one)		ADDITIONAL SHIPPER INFO	
Purchase Order Number - 4100586262							
SO Number - 71691							
GRAND TOTAL		3	950.00				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (x)	ID#	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE				<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(a) of NMFC Item 300</small>
1	PLT	2	PCS	521.00 Lb			Machinery or Machines, NOI, other than in boxes or crates, less than 5,
1	PLT	1	PCS	429.00 Lb			Machinery or Machines, NOI, other than in boxes or crates, less than 5,
2		3		950.00			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) See Terms & Conditions at www.mohawkglobal.com			
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.							
SHIPPER SIGNATURE / DATE <div style="font-size: 1.5em; font-family: cursive;">D. Scholt 6/19/25</div> 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 <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Piece	
CARRIER SIGNATURE / PICKUP DATE <div style="font-size: 1.5em; font-family: cursive;">[Signature] 6/23/25</div> 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.				Shipper Signature			

UNIFORM STRAIGHT BILL OF LADING - ORIGINAL - NON-NEGOTIABLE

Page 1 of 1

Carrier name:

SCAC:

Phone:

Ship Date: 2025-06-18

Bill of Lading #: R6734535

SO#: RENO CORRUGATE RUN

Pickup Number: 352513

Carrier Pro:

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning and person or corporation in the possession of the property under the contract) agrees to carry its usual place of delivery at said destination. If on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of the said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill Of Lading set forth (1) in the Uniform Freight Classification in effect on the date hereof. If this is a rail or part a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classifications of tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. (Mail or street address of consignee - For purpose of notification only.)

SHIP FROM

Name: DAIKIN APPLIED C/O
DAIKIN APPLIED PARTS FACILITY
Address: 3265 LOGISTICS LANE
City/State/Zip: VANDALIA, OH 45377

THIRD PARTY BILL TO

DAIKIN APPLIED

SHIP TO

Name: DAIKIN APPLIED RENO NV
DISTRIBUTION CENTER
Address: 8800 BOOMTOWN GARSON RD, SUITE 100
City/State/Zip: VERDI, NV 89439
Contact:
Email:
Phone:

Subject to section 7 of conditions of applicable bills of lading. If this shipment is to be delivered to the consignee without recourse of the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and other lawful charges.

PACKAGE		HANDLING UNIT		HM	GROSS WEIGHT	DIMENSIONS (L x W x H)	DESCRIPTION
QTY	TYPE	QTY	TYPE				
15	Carton	15	PALLET		4890	48IN x 48IN x 54IN	NMFC Article: 114125 NMFC Class: 125.0 Article Description: HVAC PARTS/ACCESSORIES
15		15			4,890		GRAND TOTAL

Comments / Special Instructions

-Carrier Instructions: Shipper Contact: Dayton Parts,
Consignee Contact:
Load Details:
13 PALLETS, Dims: 4.00ft x 4.00ft x 4.50ft, Gross Weight: 4,890 lbs, NMFC: 125.0

If charges are to be prepaid, write or stamp here, "To Be Prepaid"

PREPAID

Where the rate is dependent on the value, shippers are required to state specifically in writing the agreed or declared value of the property.

RECEIVED, subject to the classifications and tariffs on the date of the issue of this Bill of Lading

Driver Cell: _____

Shipping Agent: _____

Driver Signature: _____

Consignee Agent Signature: [Signature]

Driver Name: _____

Consignee Agent Name (Printed): Ava

Date: _____

Date: 6/21/2025

*Mark "X" in HM Column for Hazardous Material

DOT Hazmat Reg:

Emergency Agent Phone: 1-800-255-3924

THIS IS TO CERTIFY THAT THE ABOVE-NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.