



INVOICE

BILL TO:

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

INVOICE DATE: 07/01/2025**INVOICE #:** R98575**TERMS:** NET 30**DUE DATE:** 08/01/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/27/2025		640 Remington Blvd, Bolingbrook, IL 60440, USA - 54 Hemco Rd, South Portland, ME 04106, USA			
		Freight Income	1	\$2,300.00	\$2,300.00
		Lumper	1	\$430.00	\$430.00
		Layover	1	\$300.00	\$300.00

TOTAL

\$3,030.00

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

***** LOAD CONFIRMATION *****

Phone: 312-890-7426

Carrier ZIGI FREIGHT INC dba ROYAL3 INC
MC#: 944686
Date: 06/27/2025

Contact: Aaron
Phone: 630-566-0562
Email: dispatch@royal3inc.com

Order

LOAD: 71675
BOOKED WITH: Dennis
Pick-Up: 06/27/2025

Commodity: PALLETIZED DRY FOOD PRODUCT
Weight: 33000 LBS.
Trailer: DVan53 / VR53 / CLEAN / ODOR FREE /
E-TRACK / 2 straps required

PICK 1

DXB Inc
640 Remington Blvd, Unit B
Bolingbrook, IL 60440

Date: 06/27/2025

Ready now, PU till 4:00 PM

FCFS

Phone: 312-890-7426

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 BOLTS/SHIPPERS RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

STOP 1

HANNAFORD
54 Hemco Rd.,
South Portland, ME 04106

Date: 06/29/2025

7:00 PM

APP

PO # 12855894

Phone: 312-890-7426

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 BOLTS/SHIPPERS RECEIVER OR WE WILL DEDUCT FROM THE RATE!!!!

Payment

Carrier Freight Pay:

\$ 2300.00

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 PROCCES 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

Aaron Bojovic

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

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\$ 2300.00

Lumper Fee Reimbursement:

\$ 430.00

Layover / redelivery:

\$ 300.00

Total:

\$ 3030.00

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

DATE 06/30/25 TIME 12:46 AM

RECEIVING PROBLEM SHEET

PROD: RP03-3 PAGE: 1

P.O. 12055894
DISTRIBUTION CENTER 01 ADVSA-DISTRIBUTION,LLC-GOPATLD WAREHOUSE 01 GROCERY WAREHOUSE
TRANSPORTATION TRUCK 005574 SHEARER'S FOOD -IOWA
CARRIER 1101
VENDOR PARTICIPATION CODE N
HBC CORP-ID 005574
WAREHOUSE COMMENTS

UCN / ITEM	ORD	REC'D	VARIANCE QTY / TYPE	RESPONSIBILITY
021663/000740700 HRD SNOWMOB CRM VAN CKY	210	140	70 SHORT	VENDOR

DRIVER SIGN: _____ DATE: _____


VERIFIER SIGN: *je* DATE: 6-30-2025

06/26/2025

BILL OF LADING

Page 1 of 1

#91

Ship From: Shearers Foods Burlington DC 401 South Roosevelt Ave Burlington, IA 52601 FOB:		Bill of Lading Number: 9900874594 	
Ship To: Lunnaford Bros Company 54 HEMCO ROAD SOUTH PORTLAND DIST (MAINE) SOUTH PORTLAND, ME 04106-6216 Location #: FOB:		Carrier Name: Trailer Number: Seal Number(s): 247388 null null null SCAC: Pro Number:	
Third Party Freight Charges Bill To:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Pre-Paid _____ Collect _____ 3rd Party _____	
SPECIAL INSTRUCTIONS:		Master Bill of Lading: with attached underlying Bills of Lading (check box)	

Customer Order Information						
ORDER NUMBER	PO NUMBER	PO NUMBER 2	# PKGS	WEIGHT	Pallet/Slip (check one)	PO Barcode
147279-BUR	12855894		2074.0	32346.03	Y N	12855894
			0.0	0.00	Y N	
GRAND TOTAL			2074	32346.03		

Carrier Information							
HANDLING UNIT		PALLETS		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE			HMFC #	CLASS
2074	Cases	27	Pallet	33426.03		Assorted Snack Foods	70
		0					70
2074		27		33426.02		GRAND TOTAL	

RECEIVED BY: [Signature]
 DATE RECEIVED: 6/26/25
 TOTAL QTY RECEIVED: 2074
 OVER: SHORT 70

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: \$ <u>RECEIVED</u> CHILD FOR _____ Fee Terms: Collect: _____ Prepaid: _____ Customer check acceptable:
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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

SHIPPER SIGNATURE/DATE The shipper certifies that the above marked materials are properly packaged, sealed, and labeled, and are in proper condition for transportation according to applicable regulations.	Trailer Loaded: By Shipper _____ By Driver _____	Seal Intact: Yes _____ No _____	Freight Counted: By Shipper _____ By Driver/pallets said to contain _____	CARRIER SIGNATURE/PICKUP DATE Carrier acknowledges receipt of cargo and required permits. Carrier certifies emergency response information can be made available and carrier has the DOT emergency response information or hazard identification in the vehicle. <u>[Signature]</u> 6/26/25 5:33AM
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Donation Receipt

Mailing: P.O Box 1278, Portland, ME 04104
Physical: 135 Walton Street
Office/Warehouse: (207) 775-4939
www.waysidemaine.org

Name: _____

Address: _____

Address: _____

Date: 6/30/25

Description	Quantity	Weight /Units	Total Weight/Units
SIGNATURE SUEET	99 CASES		99 CASES
ICEO ORTUAL COOSES			

Total Weight/Units: 99 CASES

THANK YOU!

Wayside Food Rescue Program, a private, non-profit, 501(c)3 tax-exempt organization soliciting quantities of salvageable food, distributes to qualified organizations engaged in feeding those in need. IN accordance with IRS regulations, the affiliate maintains records, available to the IRS for inspection upon request, of all product donations. Your donations are accepted subject to the following limitations:

1. Your donated products will not be sold, transferred, or bartered for money, other products, or services.
2. Your donated products will be used only in a manner related to the exempt purpose of the done organization. This complies with clauses (i) and (ii) of section 170(e)(3) of the Tax Reform Act of 1976.
3. Your donated product will be distributed only to the done organizations who have legally executed a form of release which is on file at the affiliate office. These forms are available for your inspection.
4. Your donated products will be used as soon as possible to provide the greatest palatability and freshness.

Signature: _____