



INVOICE

BILL TO:

FUSION TRANSPORT LLC
4 WESTBROOK CORPORATE CTR SUITE 1020
WESTCHESTER, IL 60154

INVOICE DATE: 07/10/2025**INVOICE #:** R100144**TERMS:** NET 30**DUE DATE:** 08/10/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
07/09/2025		117 Littlejohn St, Spartanburg, SC 29301 - 20990 Dulles Town Circle, Sterling, VA 20166			
		Freight Income	1	\$1,700.00	\$1,700.00

TOTAL

\$1,700.00

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



PRO # 689606

Rate Confirmation

07/09/25 09:58:46 (EST)

AM TRANS EXPEDITE, LLC
FUSION TRANSPORT P.O BOX 24498
INVOICES@AMTRANSEXPEDITE.COM
NEW YORK NY 10087-4498

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CALEB ANDERSON
X 308 (p)
(704) 651-7596 (c)
andersonc@amtransexpedite.com

ROYAL3 INC
(630) 485-7370 (p)
(630) 485-6980 (f)
MC # 944686 Truck #
DOT 2828543 Trailer #
Driver Cell #

Size & Type: 53' VAN
Pieces:

Description: RETURN PRODUCT
Weight: 30000

Miles: 448

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1700.00	**MACROPOINT MUST BE ACCEPTED OR \$100 DEDUCTION PER DAY WILL OCCUR** POD MUST BE TURNED IN WITHIN 24 HOURS OR \$100 PER DAY DEDUCTION WILL OCCUR** DRIVER/DISPATCH MUST ALERT IF ANY PROBLEMS OCCUR DURING TRANSIT, AND MAY BE LATE OR \$250 LATE FEE WILL OCCUR PER DAY**
TOTAL RATE	1700.00	

PICK 1

CAPITAL RECOVERY
117 LITTLEJOHN ST
SPARTANBURG SC 29301
Hours : 0800-1500

Appointment 07/08/25 @ FCFS
Appt Notes: VA 02

STOP 1

RETAIL REBEL
20990 DULLES TOWN CIRCLE
STERLING VA 20166
Hours : 0800-1700

Appointment 07/09/25 @ FCFS

EMAIL INVOICE AND POD TO INVOICES@AMTRANSEXPEDITE.COM FOR STANDARD PAY TERM
DRIVER IS RESPONSIBLE FOR COUNTING PIECES AND SIGNING FOR NUMBER OF PIECES
RECEIVED. IF FOR ANY REASON THERE IS A PROBLEM WITH THE COUNT, DRIVER MUST
CONTACT BROKER FOR ASSISTANCE. THE RATE QUOTED BY THE BROKER, AM TRANS
EXPEDITE, INC. TO THE CARRIER ADDRESSED ON THIS AGREEMENT, HEREIN AND IS HERBY
CONFIRMED AND AGREED TO AS THE RATE ASSESSED FOR THE SHIPMENT. FURTHER MORE,
BY ACCEPTING THIS SHIPMENT AT THE RATE QUOTED, THE CARRIER AGREES TO HOLD
HARMLESS THE SHIPPER, CONSIGNEE, AND BROKER FOR ANY BILLING IN EXCESS OF THE
RATE AND CHARGES AS QUOTED IN THE AGREEMENT. CARRIER AGREES TO BE RESPONSIBLE
FOR CARGO INSURANCE ON A FULL VALUE BASIS FOR ALL SHIPMENTS IN THEIR CARE,
CUSTODY, AND CONTROL. CARRIER ASSUMES THE LIABILITY OF A COMMON CARRIER
(I.E. CARMACK AMENDMENT LIABILITY) FOR LOSS, DELAY, DAMAGE TO OR DESTRUCTION
OF ANY AND ALL OF CUSTOMER'S GOODS OR PROPERTY WHILE UNDER CARRIER'S CARE,
CUSTODY OR CONTROL. CARRIER SHALL PAY BROKER, OR ALLOW BROKER TO DEDUCT FROM
THE AMOUNT BROKER OWES CARRIER, CUSTOMER'S FULL ACTUAL LOSS FOR THE KIND
AND QUANTITY OF COMMODITIES SO LOST, DELAYED, DAMAGED OR DESTROYED. CARRIER
SHALL BE LIABLE TO BROKER FOR ALL ECONOMIC LOSS, INCLUDING CONSEQUENTIAL
DAMAGES THAT ARE INCURRED BY BROKER OR THE CUSTOMER FOR ANY FREIGHT
LOSS, DAMAGE OR DELAY CLAIM.
CARRIER IS NOT ALLOWED TO DOUBLE BROKER SHIPMENT, ALL EQUIPMENT USED SHOULD BE
COVERED UNDER THE CARRIERS INSURANCE. BROKER CAN HOLD ALL PAYABLES IF CARRIER
IS CAUGHT DOUBLE BROKERING

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 689606

must appear on all Invoices

Date: 7-9-25

BILL OF LADING

Page 1 of

SHIP FROM

Name: Liquidations Warehouse
Address: 3561 Plateau Rd
City/State/Zip: Newton, NC 28658
SID#:

Bill of Lading Number: Omar Med 01

BAR CODE SPACE

70406 3

SHIP TO

FOB: ☐

Name: _____ Location #: _____
Address: _____
City/State/Zip: _____
CID#: _____

CARRIER NAME: _____

Trailer number: 17 09 263

Seal number(s): 304002 12162

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 _____ 3rd Party _____

☐
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:

CUSTOMER ORDER INFORMATION

ADDITIONAL SHIPPER INFO

CUSTOMER ORDER NUMBER

PKGS

WEIGHT

PALLET/SUP

(CIRCLE ONE)

26 Raw med

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

GRAND TOTAL

CARRIER INFORMATION

COMMODITY DESCRIPTION

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

LTL ONLY

NMFC #

CLASS

RECEIVING
STAMP SPACE

GRAND TOTAL

COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required documents. Carrier certifies emergency response procedures are in place and will be followed in the event of an emergency. Packages are received at good order. Weight is correct.

07/09/25

NOTE: 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

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/Station
☐ By Driver/PlacematSum 2450m
7/10/2025