



Bill to:
RXO Inc

Invoice Date: 07/28/2023
Invoice #: 13477371
Terms: NET 30
Due Date: 08/28/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/26/2023		3800 Leon Rd, Garland, TX, USA - 8390 South Carolina 707 suite 4d, Myrtle Beach, SC, USA			
			1	2100	2100

TOTAL
2100

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



LZ13477371

Load Confirmation
13477371

AT2100.00

CARRIER INFORMATION

Carrier	Contact
ROYAL3 INC Chicago, IL 60638	ALEXANDRA MILJUS (EXT 121) 6304857370 alexandra@royal3inc.com

CONTACT INFORMATION

RXO, Inc.	After Hours
Thomas Luigs 904-251-6002 Tommy.Luigs@rxo.com	704-512-0420 tracking@rxo.com

PAYMENT**Carrier Pay Breakdown**

LNH Line Haul Flat	\$2100.00
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Total Carrier Pay	\$2100.00
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AGREEMENT

Please sign and complete this form to submit as your invoice.

Driver Name	Driver Phone #	Tractor #	Trailer #	Carrier Invoice #
renaldo	8638525090	425	316	

*Knox Reeves***Signature**

Carrier will perform the transportation described in this load confirmation subject to and in accordance with the Motor Carrier Transportation Agreement between Carrier and RXO, Inc. (the "Agreement"), which is incorporated herein by reference. Carrier acknowledges that RXO, Inc.'s customers or shippers may have special requirements for this shipment. By accepting the shipment described in this load confirmation, Carrier agrees to the rates and charges stated in this load confirmation and to special requirements communicated to Carrier by RXO, Inc., its customer or the shipper.

Book loads with RXO Connect

Get real-time access to thousands of available loads.

Sign up



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ORDER INFORMATION

Order #	Total Weight (lbs.)	Equipment	Temp	Reference #
13477371	38000.00	Van	N/A - N/A	

STOP DETAIL

Type	Date/Time	Name and Address	Commodity	Weight (lbs)/Cases/Dims	Reference #
PU	07/26/23 08:00	Barrett Distribution 3800 Leon Rd Garland, TX 75041	MEDICAL SUPPLIES	38000 (20) Dim: N/A x N/A x N/A	PU TRUCK 200
SO	07/28/23 08:00 - 12:00	(WC) Dash Courier 8390 Hwy 707 Suite 4D Myrtle Beach, SC 29588	MEDICAL SUPPLIES	38000 (20) Dim: N/A x N/A x N/A	

NOTES

Order Notes

POD required : POD must be received by RXO within 48 hours of delivery

Auto tracking required : Tracking frequency: 30 mins

Auto tracking required : \$ 500 fine if not auto-tracked

Auto tracking required : Not eligible for detention and layover if not tracked

TONU: \$150 : Trailer rejections will not be paid TONU

TONU: \$150 : In order to qualify for tonu, driver must be dispatched by rxo prior to arriving to the shipper

Detention : Grace period hours: 3

Detention : Compensation per hour: \$35

Detention : Max hours reimbursement: 4

Detention : Broker must be notified prior to detention beginning

Detention : Layover after 4 hours

Driver and dispatcher are to follow policies and procedures outlined on the high value HVHR addendum

Location Notes

INSTRUCTIONS

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RXO Requirements

Carriers must provide RXO with timely updates of arrival/departure at all stops and while in transit by utilizing a method of auto tracking or by calling 833-TRAK RXO (1-833-872-5796).

Any discrepancies or incident affecting transportation such as overages, shortages, damages, trailer seal discrepancies, failure of any temperature control equipment or other conditions that may render (or may have rendered) food unsafe during transportation, or detention must be reported immediately. All accessorial charges must be reported within 24 hours of delivery to be reimbursed.

Paperwork Submission

For faster processing, submit your paperwork by Transflo \$Velocity or Transflo Mobile (use RXO broker code of "XPOLV"). Follow instructions@rxo.com. For slower processing, submit your paperwork by email to carrierpaperwork@rxo.com, or by fax to (704) 626-3455.

Please clearly follow the instructions you have been provided to prevent delay in payment.


RXO offers Quick Pay options for USD and CAD carriers. If interested in getting processed within 2, 7 or 15 days please reach out to Quickpaysetup@rxo.com for additional information. Please note that setup can take up to 15 business days.

RXO offers exclusive discounts through the RXO Extra program. [Click here to check out savings on fuel, maintenance and tires, factoring and more.](#)

Notice of Assignments, Letters of Release and change of address request are to be submitted to carrierpayupdate@rxo.com to be updated. Failure to do so may result in delayed payment.

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Sign up

Date: 07/26/2023 9:44:54

BILL OF LADING

Page 1 of 4

SHIP FROM

Name: NXSTAGE MEDICAL INC
Address: 3800 Leon Rd
City/St/Zip: Garland, TX 75041
SID#: 1415306-1

FOB: ☐

SHIP TO

Name: (WC) DASH COURIER
Address: 6390 HWY 707 SUITE 30
City/St/Zip: MYRTLE BEACH, SC 29588
Phone:
CID#:

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO

Name: NXSTAGE CO EN VISTA
Address: 11555 NORTH MERIDIAN STREET SUITE 300
City/St/Zip: CARMEL, TN 46032

SPECIAL INSTRUCTIONS: TRUCK 200
Deliver Between -

DO NOT DOUBLE STACK

1st Home Delivery (B43) 309-6259

1st Home Delivery (B43) 309-6767

Home Del

Home Del (214) 923-0147

Bill Of Lading Number: 141530601



402141530601

Whse Door Loc: DDDR163A

CARRIER NAME: XPO LOGISTICS

Trailer number: X

Seal number(s): 9583150 *14*

SCAC: CNWY

Pro Number: 9583150

Pickup Time IN _____ OUT *9:20 AM*

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

Due To Arrive

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/S LIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
SEE ATTACHED SUPPLEMENT PAGE				
GRAND TOTAL	191	16,760 lbs		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT (LBS)	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special handling must be so marked and arranged so to ensure safe transportation with ordinary care. See Section 100 of Motor Carrier Act</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						SEE ATTACHED SUPPLEMENTAL CARRIER INFORMATION PAGE		
14		191		17,460		GRAND TOTAL		

Where the rate is dependent of 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. 14705(c)(1)(A) and (B).
The carrier shall not make delivery of this shipment without payment of freight.

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.

A. Barnett as agent for shipper

SHIPPER SIGNATURE / DATE

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.

Trailer Loaded: ☒ By Shipper
☒ By Driver
Freight Counted: ☐ By Shipper
☒ By Driver/pallets
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
Carrier acknowledges receipt of packages and required documents. Carrier certifies
emergency response information was made available prior to departure per the U.S.
Department of Transportation emergency response guidelines is required.
Documentation is on file.

[Signature]
Described above is received in good order, except as noted.

07/26

Alisa Cortez 7-26-23
Check In _____ Check Out _____ Duration _____
Wayne T Brown
7-28-23

100