



Bill to:  
RXO Inc

Invoice Date: 02/13/2024  
Invoice #: 14500112  
Terms: NET 30  
Due Date: 03/13/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/12/2024		4015 ANTELOPE AVE, Kearney, NE 68847 - 4140 ANSON BLVD, Whitestown, IN 46075			
			1	\$1,600.00	\$1,600.00

<b>TOTAL</b>
\$1,600.00

**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**



LZ14500112

**Load Confirmation**  
14500112

AT1600.00

**CARRIER INFORMATION**

Carrier	Contact
BRZ Burbank, IL 60459	NA NA 7083035150 CONOR@rtbrz.com

**CONTACT INFORMATION**

RXO, Inc.	After Hours
Benjamin Berbiglia 980-224-4452 Benjamin.Berbiglia@rxo.com	980-308-6017 <a href="mailto:CHA1tracking@rxo.com">CHA1tracking@rxo.com</a>

**PAYMENT****Carrier Pay Breakdown**

LNH | Line Haul | Flat \$1600.00

**Total Carrier Pay** \$1600.00**Bill To Address****RXO**  
**PO Box 49069**  
**Charlotte, NC 28277**

Please refer to section **Paperwork Submission** for options on where to send your Invoice, POD and accessorial receipts (if applicable) for payments

**AGREEMENT**

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

Driver Name	Driver Phone #	Tractor #	Trailer #	Carrier Invoice #
julio	+17862555836	608	H03257	luke

**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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AT1600.00

## ORDER INFORMATION

Order #	Total Weight (lbs.)	Equipment	Temp	Reference #	
14500112	40000.00	Van	N/A - N/A	BM	2030265358
				11	DTNA
				RU	DTNAADDLK64-FL25

## STOP DETAIL

Type	Date/Time	Name and Address	Commodity	Weight (lbs)/Cases/Dims	Reference #
PU	02/12/24 07:00	PARKER HANNIFIN 4015 ANTELOPE AVE Kearney, NE 68847	AUTOMOTIVE FREIGHT	40000 (28) Dim: N/A x N/A x N/A	QN 1 PO DTNA32706084 SI SH-2035572193
SO	02/13/24 12:30	INDIANAPOLIS PDC 4140 ANSON BLVD Whitestown, IN 46075	AUTOMOTIVE FREIGHT	40000 (28) Dim: N/A x N/A x N/A	QN 2 PO DTNA32706084 SI SH-2035572193

## NOTES

## Order Notes

\$250,000 Cargo Insurance Required

By accepting this load and signing the rate confirmation, the carrier and their driver(s) are subject to follow all instructions as well as providing the correct equipment and service type within this rate confirmation.

Paperwork must be submitted within 48 hours of delivery : Rate will be reduced by \$ 25 for late or missing POD/BOL.

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

BOL required : BOL must be received by RXO within 24 hours of delivery

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BOL required : BOL for each PO must be signed

BOL required : In and out times must be signed by shipper or consignee

Receipts required for any accessorial reimbursement : Must submit receipts for accessories within 48 hours of delivery to get reimbursement

Receipts required for any accessorial reimbursement : Lumper receipts required

Auto tracking required : Tracking frequency: 30 mins

Auto tracking required : \$ 250 fine if not auto-tracked

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

Notify RXO immediately of any issue that will delay delivery : \$ 350 fine if RXO is not immediately notified of any issue that will delay delivery

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

Pickup appointment required : Missed pickup appointment fine: \$50

Delivery appointment required : Missed delivery appointment: fine: \$50

Detention : Grace period hours: 2

Detention : Compensation per hour: \$25

Detention : Broker must be notified prior to detention beginning

Layover compensation: \$150

Contact RXO if overweight before leaving shipper.

Damaged product must be reported to RXO by driver prior to leaving shipper or receiver.

Any discrepancies must be reported to RXO by driver before leaving facility.

Truck/Trailer # : \$25 fine each if not provided before PU appt.

Check In/Out Times : \$25 fine if carrier/driver fails to communicate each check-in/check-out time at shipper/receiver within 1 hour of occurrence.

Issues at Shipper/Receiver : If a driver is in need of immediate assistance, please call 833-872-5796 or email DaimlerPenskeTracking@RXO.com and/or TeamRogers@RXO.com.

Reference #s : Please use the BM # listed for pick-up and delivery. If none listed, please use the RXO # or reach out if a specific # needed is not listed.

Detention (if DT) : \$25/day after the first 72 hours of dropping a trailer, not including weekends.

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

Notify RXO immediately of any rejected material.

**Location Notes****INDIANAPOLIS PDC:**

TE 317-769-8504

EM ipduscct@parker.com

**INSTRUCTIONS****Book loads with RXO Connect**

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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](mailto:instructions@rxo.com). For slower processing, submit your paperwork by email to [carrierpaperwork@rxo.com](mailto: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](mailto: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](mailto:carrierpayupdate@rxo.com) to be updated. Failure to do so may result in delayed payment.

**Book loads with RXO Connect**

Get real-time access to thousands of available loads.

**Sign up**



DAIMLER

## DAIMLER BILL OF LADING

Seal# 8152426

Ship From (Consignor)	
Name:	PARKER HANNIFIN
Address:	4015 ANTELOPE AVE
City/State/Zip/Country:	KEARNEY, NE 68847, USA
Vendor ID:	DTNALK64

Ship To (Consignee)	
Name:	INDIANAPOLIS PDC
Address:	4140 ANSON BLVD
City/State/Zip/Country:	WHITESTOWN, IN 46075, USA
Vendor ID:	DTNAFL25

THIRD PARTY FREIGHT CHARGES BILL TO:
Freight Invoices submit EDI to: Daimler Trucks North America C/O Cass Information Systems PO Box 67 St. Louis, MO 63166

Ship Date:	02/12/2024
Load ID:	2030265358
Carrier Name:	RXO CAPACITY SOLUTIONS, LLC
Trailer Number:	403257
SCAC:	XPOL
Pro Number:	14500112
Freight Charges Terms:	Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Third party <input checked="" type="checkbox"/>

FOR FREIGHT COLLECT SHIPMENTS:  
If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement: The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges

Signature of Consignor \_\_\_\_\_

CARRIER INFORMATION					
CONTAINER		WEIGHT	SID : PID	Commodity / Hazardous Material Description	
TYPE	QTY	(UoM)		Description of Articles, Special Marks and Exceptions(subject to correction)	CLASS
UNITS	21	5755.2080 7355	787261005: LK6402122024FL2515 LK6402122024FL257 LK6402122024FL259 LK6402122024FL2510 LK6402122024FL251 LK6402122024FL256 LK6402122024FL2514 LK6402122024FL2517 LK6402122024FL2513 LK6402122024FL2516 LK6402122024FL253 LK6402122024FL2511 LK6402122024FL254 LK6402122024FL258 LK6402122024FL2519 LK6402122024FL2521 LK6402122024FL252	Automotive Parts	85

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

NOTE: Liability Limitations for Loss or damage in this shipment may be applicable. See 49 U.S.C. #14706(c)(1)(A) and (B) stated by the shipper to be not exceeding \$ \_\_\_\_\_ per \_\_\_\_\_.

COD Amount: \$ _____	Remit to: _____
Name: _____	Street: _____
City, State, Zip: _____	Fee Term: Collect _____ Prepaid _____ Customer Check Acceptable _____

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, classification 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.

Hazardous Materials Emergency Response Phone Number			Carrier Certification / Signature	Hazardous Materials Certification
Shipper Certification / Signature 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 Department of Transportation. Per _____ Date 2/12/24	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets <input type="checkbox"/> By Driver/pieces	Carrier Acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has DOT emergency response guidebook or equivalent document in the vehicle. Per _____ Date 2/12/24	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 Department of Transportation. Per _____ Date _____

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SHIPPER HEREBY CERTIFIES THAT THEY ARE 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 TARIFFS WHICH GOVERN THE TRANSPORTATION OF THIS SHIPMENT AND THE SAID TERM CONDITIONS ARE HEREBY AGREED TO BY SHIPPER AND ACCEPTED FOR THE SHIPPER AND ASSIGNS.

\* Mark and "X" to designate Hazardous Materials as defined in Department of Transportation Regulations.

Unless otherwise agreed to by the parties in writing, services to be performed hereunder shall be subject to all terms and conditions of the Uniform Domestic Straight Bill of Lading set forth in the National Motor Freight Classification



# DAIMLER

## DAIMLER BILL OF LADING

Ship From (Consignor)	
Name:	PARKER HANNIFIN
Address:	4015 ANTELOPE AVE
City/State/Zip/Country:	KEARNEY, NE 68847, USA
Vendor ID:	DTNALK64
Ship To (Consignee)	
Name:	INDIANAPOLIS PDC
Address:	4140 ANSON BLVD
City/State/Zip/Country:	WHITESTOWN, IN 46075, USA
Vendor ID:	DTNAFL25
THIRD PARTY FREIGHT CHARGES BILL TO:	
Freight Invoices submit EDI to: Daimler Trucks North America C/O Cass Information Systems PO Box 67 St. Louis, MO 63166	

Ship Date:	02/12/2024
Load ID:	2030265358
Carrier Name:	RXO CAPACITY SOLUTIONS, LLC
Trailer Number:	
SCAC:	XPOL
Pro Number:	14500112
Freight Charges Terms:	Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Third party <input checked="" type="checkbox"/>
<b>FOR FREIGHT COLLECT SHIPMENTS:</b> If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement: The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges  Signature of Consignor _____	

CARRIER INFORMATION					
CONTAINER		WEIGHT	SID : PID	Commodity / Hazardous Material Description	
TYPE	QTY	(UoM)		Description of Articles, Special Marks and Exceptions(subject to correction)	CLASS
			LK6402122024FL255 LK6402122024FL2512 LK6402122024FL2518 LK6402122024FL2520		
Total:	21	5755 lbs (gross) <b>2355</b> 5755 lbs (net) <b>7355</b>			

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COD Amount: \$ _____	Remit to: _____
Name: _____	Street: _____
City, State, Zip: _____	Fee Term: Collect _____ Prepaid _____ Customer Check Acceptable _____

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, classification 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.

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<b>Shipper Certification / Signature</b> 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 Department of Transportation. Per <u>IS</u> Date <u>2.12.24</u>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets <input type="checkbox"/> By Driver/pieces	Carrier Acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has DOT emergency response guidebook or equivalent document in the vehicle	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 Department of Transportation. Per _____ Date _____

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Ship To (Consignee)	
Name:	INDIANAPOLIS PDC
Address:	4140 ANSON BLVD
City/State/Zip/Country:	WHITESTOWN, IN 46075, USA
Vendor ID:	DTNAFL25

THIRD PARTY FREIGHT CHARGES BILL TO:
Freight Invoices submit EDI to: Daimler Trucks North America C/O Cass Information Systems PO Box 67 St. Louis, MO 63166

Ship Date:	02/12/2024
Load ID:	2030265358
Carrier Name:	RXO CAPACITY SOLUTIONS, LLC
Trailer Number:	403257
SCAC:	XPOL
Pro Number:	14500112
Freight Charges Terms:	Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Third party <input checked="" type="checkbox"/>

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Signature of Consignor \_\_\_\_\_

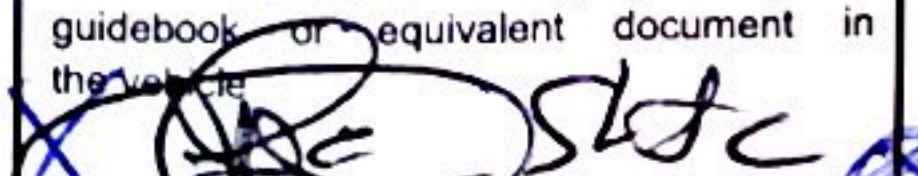
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CONTAINER		WEIGHT	SID : PID	Commodity / Hazardous Material Description	
TYPE	QTY	(UoM)		Description of Articles, Special Marks and Exceptions(subject to correction)	CLASS
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COD Amount: \$ \_\_\_\_\_ Remit to: \_\_\_\_\_  
Name: \_\_\_\_\_ Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fee Term: Collect \_\_\_\_\_ Prepaid \_\_\_\_\_ Customer Check Acceptable \_\_\_\_\_

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, classification 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.

Hazardous Materials Emergency Response Phone Number			Carrier Certification / Signature	Hazardous Materials Certification
<b>Shipper Certification / Signature</b> 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 Department of Transportation. Per _____ Date 2/12/24	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets <input type="checkbox"/> By Driver/pieces	Carrier Acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has DOT emergency response guidebook or equivalent document in the vehicle. 	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 Department of Transportation. Per _____ Date _____

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Total:	21	5755 lbs (gross) <b>2355</b> 5755 lbs (net) <b>1355</b>		

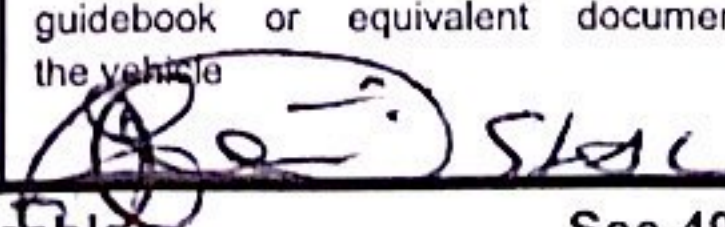
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COD Amount: \$_____	Remit to: _____
Name: _____	Street: _____
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## Hazardous Materials Emergency Response Phone Number \_\_\_\_\_

Shipper Certification / Signature		Carrier Certification / Signature	
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Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets <input type="checkbox"/> By Driver/pieces	
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