



Bill to:
MOTUS FREIGHT, LLC

Invoice Date: 04/11/2024
Invoice #: M157990
Terms: NET 30
Due Date: 05/11/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/10/2024		9472 Distribution Dr. Clayton, IN 46118 - 22003 Cypress Slough, Houston, TX 77073, USA			
			1	\$1,950.00	\$1,950.00

TOTAL
\$1,950.00

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



119 Fairfield Ave. Suite 410, Bellevue, KY 41073

Contact: Aaron Schweitzer • P: (859)292-3112 • E: aschweitzer@motustrucking.com

Route	Pickup	CAB Transfer
	Apr 10, 2024 10:30 Apt	9472 Distribution Dr Clayton, IN 46118 Pickup # 41024D082 • Lumber (1 Truckload)
	Delivery	Source Logistics - Houston TX
	Apr 12, 2024 Apt	22003 Cypress Slough Houston, TX 77073 8324033240 Delivery # 4600002180 • Lumber (1 Truckload) Suite 10

Items	Lumber CAB Transfer (Clayton, IN) > Source Logistics - Houston TX (Houston, TX) 1 Truckload • 0 lb
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Equipment	Van - dry 53 ft • 43,122.00 lbs
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Rate	Freight - flat 1.0 x \$1,950.00	\$1,950.00
	Total	\$1,950.00

Notes	** Trailer MUST be in good condition, free of any debris/odor prior to arrival to shipping facility. Motus will not pay for wash out or detention if delay is caused by a dirty trailer ** Detention will not be paid out unless the driver is tracking using the TURVO DRIVER APP. Detention MUST be stated while on site. ** If the driver is late for any reason to deliver you MUST notify us immediately. Late charges could be incurred. ** Trailer MUST be secured and sealed by driver prior to leaving shipper with seal # documented on BOL and seal MUST remain intact until receiver opens trailer doors. Multi-stop loads require a new seal after each delivery. Any deviation to that needs to be communicated with Motus IMMEDIATELY ** Any type of Overages, Shortages or Damages MUST be reported immediately and wait for instructions on how to proceed ** AFTER HOURS - 859-554-3662 - They will provide an EFS for unloading fees with receipt REQUIRED for reimbursement. ** Carrier MUST provide legible, signed POD's for ALL associated PO's (each delivery, each PO #) and lumper receipts within 24 hours of delivery to avoid any delays in processing and/or payment. Photo copy can be sent by email, text or for QUICKEST processing, upload everything into the TURVO DRIVER APP **
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TERMS AND CONDITIONS

1. Carrier Must immediately notify Motus Freight whenever there is a discrepancy in the shippers instructions, bills of lading or this carrier rate confirmation.
2. Payment terms are 28 days from date of receipt of invoice.
3. Email invoices, PODs, and any other necessary paperwork to invoices@motustrucking.com
4. All Lumper receipts, washout receipts, gate fees, and scale tickets etc. (including any advanced cost paid by Motus) must be submitted at time of invoice in order to be reimbursed. Anything submitted after invoice will be denied.
5. Driver Cannot cut the seal. If there are any issues the driver must contact Motus Freight immediately.

MC#

944686

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Apr 10, 2024

Rate Confirmation

Shipment ID

M157990

6. Proper load temperature is the driver/carriers responsibility. Carrier will be responsible for any claims or damages resulting in violation of this policy per the Broker / Carrier Agreement.
7. Pallets that are not supplied for exchange are subject to a fee of \$7.50 per pallet.
8. Carrier must notify Motus Freight one (1) hour before detention begins to accrue.
9. Driver must verify at the time of pickup that the BOL matches the temperature on this rate confirmation.

Carrier agrees to the terms and conditions of Motus Freight carrier agreement between Motus Freight and the motor carriers, and such agreement governs this carrier rate confirmation between the parties even in the event the carrier does not sign this carrier rate confirmation, but provides the transportation as described herein. In the event of any conflict between the agreement or the carrier rate confirmation, the agreement shall govern and then any terms as set forth in this carrier rate confirmation shall apply. The carrier agrees to and must comply with all Department of Transportation and other governmental regulations when transporting hazard materials. The carrier also agrees that it will be the sole carrier for the entire shipment and there will be no brokering of said load to another carrier. Co-Brokering will result in non-payment of the load. By accepting this shipment, you are guaranteeing that any operating transport refrigeration units (TRU) are compliant with the California Air Resources Board (CARB) and TRU Airborne Toxic Control Measure (ATCM) requirements and regulation for the transportation of freight at any point in the state of California.

Signature

Print

Date

Please contact Aaron Schweitzer at (859) 292-3112 for any invoice questions.

Carrier

Royal3 Inc

Jack J x 106

P: (630) 485-7370 • F: (630) 485-6980

6304857370

727

W97971

Truck ID

Trailer ID

Date: 4/10/2024

BILL OF LADING

Page: 1

SHIP FROM

Name: EMERSON HEALTHCARE
Address: 9472 Distribution Drive
City/ST/Zip: CLAYTON, IN 46118

LOAD # :

Emerson.Transportation@Geodis.com

FOB: ☐

SHIP TO

Name: TBD
Address: TBD
City/ST/Zip: TBD, IN 46118
Phone:

Do Not Deliver Before Date:

FOB: ☐

Delivery Requested Date:

SEND FREIGHT BILL TO:

Emerson c/o GEODIS
Attn: Freight Pay
P.O. Box 2208
Brentwood, TN 37024

Bill of Lading Number: 6988080000000000



CARRIER NAME: CUSTOMER PICK UP

Trailer number: W97971

Seal number(s): 2743725

2743727

SCAC: CUST

Pro Number: 6988080



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

Order ID: 193144525-1

CID Number: 317-041024-R

SPECIAL INSTRUCTIONS:

Food/Drugs Do Not Load With Poisons

Include load# (under shipper information) in the billing process. Required for invoice processing
For delivery exceptions contact EHC_CSR cl us@Geodis.com or 855-269-2008 x107.

CUSTOMER ORDER INFORMATION

PO NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO (PALLET TYPE)	(COUNT)
317-041024-RTV	2,305	29,748.53	1,149.00	Y N	HEATPLTA	2230
GRAND TOTAL	2,305	29,748.53	1,149.00			2230

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		2,305	CTNS	29,748.53		Preparations, beverage, NOI, dry or liquid: Sweetened, other	74490-01	70.00
Total Pallet weight				3,680.00				
92	PLTS	2,305	CTNS	33,428.53		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).

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.

Geodis Logistics, LLC

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 DOT.

Trailer Loaded: Freight Counted:

☒ By Shipper☒ By Shipper☐ By Driver☐ By Driver/pallets
said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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.

Signature

Date

Number of Pieces



Date: 4/10/2024

BILL OF LADING

Page: 1

SHIP FROM

Name: EMERSON HEALTHCARE
 Address: 9472 Distribution Drive
 City/ST/Zip: CLAYTON, IN 46118
 LOAD #: Emerson.Transportation@Geodis.com

FOB: ☐

SHIP TO

Name: TBD
 Address: TBD
 City/ST/Zip: TBD, IN 46118
 Phone:

Do Not Deliver Before Date:
 Delivery Requested Date:

FOB: ☐

SEND FREIGHT BILL TO:

Emerson c/o GEODIS
 Attn: Freight Pay
 P.O. Box 2208
 Brentwood, TN 37024

Bill of Lading Number: 6988080000000000



CARRIER NAME: CUSTOMER PICK UP

Trailer number: W97971

Seal number(s): 2743725, 2743727

SCAC: CUST

Pro Number: 6988080



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

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CID Number: 317-041024-R

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COD Amount: \$

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

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Signature: 4/10/24

Trailer Loaded: Freight Counted:

☒ By Shipper ☒ By Shipper
☐ By Driver ☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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.

Signature

Date

Number of Pieces

SOURCE LOGISTICS HOUSTON LLC

Shipping and Receiving

Case Qty _____ Damage Cases _____

Pallet Qty 30 Incomplete Cases _____

Receiver Name _____

Signature Date 04-11-24