



Bill to:
Priority1

,
,
,

Invoice Date: 05/01/2024
Invoice #: 60107413157
Terms: NET 30
Due Date: 06/01/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/29/2024		58 Teed Drive, Randolph, MA 02368 - 3400 Fraser Street, Aurora, CO 80011			
			1	\$3,600.00	\$3,600.00

TOTAL
\$3,600.00

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

Carrier Load Tender

Reference: 60107413157 (BOL)

Carrier: RIKI TRANSPORTATION INC dba
BRZ (086875 0)
Contact: Luke
(RIKITRANSPORT@GMAIL.COM,
dispatch@rtbrz.com)
Phone: 1.708.852.5668
Fax:

Tender: 04/26/2024 18:35

Contact: Robert Murillo

Phone: (951) 525-5198

Email: Robert@priority1logistics.com

Bill To: Priority 1 Inc. (P.O. Box 398) North Little Rock, AR 72115

Equipment: 53' Dry Van ,

Service Type: Full

Stop 1 Pick

Monday, April 29, 2024 08:00 - 15:00			Total Weight:	14000.00 lb	Total Quantity:	26
Affordable Pharmaceuticals (58 Teed Drive) Randolph, MA 02368						
Contact: Joe Pina Phone: +17818432202						
Packaging: 26 Pallet(s)	Total Weight: 14,000 lbs	Dimensions: 48" x 40" x 53"	Linear Feet: 53	Description: AP GoLYTELY		
Carrier Notes: SEAL # 5212453-G						
Special Instructions: SEAL # 5212453-G						

Stop 2 Drop

Thursday, May 2, 2024 11:00 Appointment		Total Weight:	0 lb	Total Quantity:	
McKesson Corporation (3400 Fraser Street) Aurora, CO 80011					
Contact: Tina Greene Phone: +13039010574					
Carrier Notes: Delivery appt: Thursday 5/2/24 @ 11am appt					
Special Instructions: Delivery appt: Thursday 5/2/24 @ 11am appt					

Freight Terms

Charge Details			
Description	Rate		Charge
Line Haul	3600.00	Flat Rate	\$3,600.00 USD
Total:			\$3,600.00 USD

Freight Terms: \$3,600.00 USD Third Party (lb)

References

Billable#: Affordable **Piece Count:** 1,790 **Customer BOL:** 060003 **PO:** 8107740373 **Customer Reference:** 5212453-G

Carrier Instructions

Carrier or driver is required to call Priority1 when loaded and emptied or load is subject to a \$50 penalty. Detention time starts 2 hours after the driver is on site, or if the driver is early any detention will start 2 hours after the scheduled pickup/delivery time stated on the rate confirmation. Driver must notify us of arrival at shipper/receiver. Detention is paid at \$35 per hour after the 2 free hours. If the load/shipment is double brokered, this agreement is void and the carrier will not receive payment.

Thank you for doing business with Priority 1.

DRIVERS NAME: _____

TRUCK #: _____

TRAILER #: _____

DRIVER CELL#: _____

DISPATCHER / PRIORITY 1

_____ *Luke Miche*

CARRIER SIGNATURE

All invoices & PODs are to be sent to Priority 1 within 72 hours of delivery. Please email invoice and POD to: tlap@priority1.com. Please provide Priority 1's reference number on your invoice.

BOL NO: 60107413157

BILL OF LADING		Carrier: RIKI TRANSPORTATION INC dba BRZ, 086875 0	
Shipper		Pickup Date: 04/29/2024	
Affordable Pharmaceuticals 58 Teed Drive Randolph, MA 02368 Joe Pina P: +1 (781) 843-2202		Origin Terminal	
		Randolph, MA 02368 Phone: P: +1 (781) 843-2202	
		Destination Terminal	
		Aurora, CO 80011 Phone: P: +1 (303) 901-0574	
Consignee		Billable#: Affordable Piece Count: 1,790 Customer BOL: 060003 PO: 8107740373 Customer Reference: 5212453-G	
McKesson Corporation 3400 Fraser Street Aurora, CO 80011 Tina Greene P: +1 (303) 901-0574			
3rd Party Bill To			
Priority 1 Inc. P.O. Box 398 North Little Rock, AR 72115 P: +1 (501) 371-9814			
Special instructions: Pickup - SEAL # 5212453-G, Delivery - Delivery appt: Thursday 5/2/24 @ 11am appt			
Freight Terms: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party			
Units	Type	Weight	Dimensions
26	Pallet	14,000 lbs	48" x 40" x 53"
26		14,000 lbs	Grand Totals
<small>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 ____."</small>			
Remit COD to:			
Collect _____ Prepaid _____ Customer check acceptable _____ COD Amount: \$			
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 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.		Trailer Loaded:	Freight Counted:
		___ by Shipper ___ by Driver	___ by Shipper ___ by Driver
		The Carrier shall not make delivery of this shipment without payment of and all other lawful charges. Shipper: _____	
Shipper Signature / Date		Consignee Signature / Date	
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. Shipper: _____ Time In: _____ Time Out: _____		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. Consignee: _____ Time In: _____ Time Out: _____	
Carrier Signature / Date			
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted. Carrier: _____			

BOL NO: 60107413157

BILL OF LADING

Carrier: RMI TRANSPORTATION INC dba
BRZ, 086875.0

Shipper

Pickup Date: 04/29/2024

Affordable Pharmaceuticals

58 Teed Drive
Randolph, MA 02368
Joe Pina
R: +1 (781) 843-2202

Origin Terminal

Randolph, MA 02368
Phone: P: +1 (781) 843-2202

Destination Terminal

Aurora, CO 80011
Phone: P: +1 (303) 901-0574

Consignee

McKesson Corporation
3400 Fraser Street
Aurora, CO 80011
Tina Greene
P: +1 (303) 901-0574

Billable: Affordable

Piece Count: 1,790

Customer BOL: 060003

PO: 8107740373

Customer Reference: 5212453-G

JC

3rd Party Bill To

Priority 1 Inc.

P.O. Box 398
North Little Rock, AR 72115
P: +1 (501) 371-9814

SEAL INTACT

Special instructions: Pickup - SEAL # 5212453-G, Delivery - Delivery appt: Thursday 5/2/24 @ 11am appt

Freight Terms: ☐ Prepaid ☐ Collect ☒ 3rd Party

JESUS CARDONA

Units	Type	Weight	Dimensions	HM	Item Description
26	Pallet	14,000 lbs	48" x 40" x 53"		AP GOLYTELY
26		14,000 lbs			Grand Totals

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 ___."

Remit COD to:

Collect _____ Prepaid _____ Customer check acceptable _____ COD Amount: \$

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 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.

Trailer Loaded:

___ by Shipper
___ by Driver

Freight Counted:

___ by Shipper
___ by Driver

The Carrier shall not make delivery of this shipment without payment of and all other lawful charges.

Shipper: _____

Shipper Signature / Date

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.

Shipper: _____

Time In: _____

Time Out: _____

Consignee Signature / Date

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.

Consignee: _____

Time In: _____

Time Out: _____

McKesson SRC 8107
Aurora, CO

Carrier Signature / Date

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in vehicle. Property described above received in good order, except as noted.

Carrier: _____

Receiver: _____

Date Received

PO Number

5/1/24

8107740373

Pallets Received

Cases Received

Cases Damaged

Cases Refused

Cases

26sk

1790

0

0

0

Subject to Inspection and Count - Final counts to follow in 2 business days

Driver Name (Print) _____

Driver Signature _____

+ Armando Restana