



Bill to:
RXO Inc

Invoice Date: 05/07/2024
Invoice #: 14903809
Terms: NET 30
Due Date: 06/07/2024

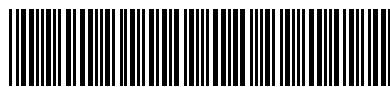
Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/03/2024		200 NW Victoria Dr., Lees Summit, MO 64086 - 650 BLOSSOM ROAD, Rochester, NY 14610			
			1	\$2,200.00	\$2,200.00

TOTAL
\$2,200.00

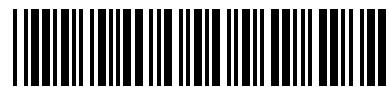
PLEASE NOTE

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



LZ14903809

Load Confirmation
14903809

AT2200.00

CARRIER INFORMATION

Carrier	Contact
BRZ Burbank, IL 60459	Steve Tatum X105 7083035150 steve@rtbrz.com

CONTACT INFORMATION

RXO, Inc.	After Hours
Mustafa Ustic mustafa.ustic@rxo.com	855-976-1024 tracking@rxo.com

PAYMENT**Carrier Pay Breakdown**

LNH Line Haul Flat	\$2200.00
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Total Carrier Pay	\$2200.00
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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 #
Chris	+15049521949	829	tbd	

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



LZ14903809

Load Confirmation
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AT2200.00

ORDER INFORMATION

Order #	Total Weight (lbs.)	Equipment	Temp	Reference #
14903809	27500.00	Van	N/A - N/A	

STOP DETAIL

Type	Date/Time	Name and Address	Commodity	Weight (lbs)/Cases/Dims	Reference #
PU	05/03/24 11:00 - 11:00	A. Zerega's Sons Inc 200 NW Victoria Dr. Lees Summit, MO 64086	FOOD STUFFS	27500 (25) Dim: N/A x N/A x N/A	PO 022914
SO	05/06/24 07:00 - 15:00	Unistel Industries 650 BLOSSOM ROAD Rochester, NY 14610	FOOD STUFFS	27500 (25) Dim: N/A x N/A x N/A	

NOTES

Order Notes

Paperwork must be submitted within 48 hours of delivery

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

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

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Auto tracking required : \$ 100 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

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: 2

Detention : Compensation per hour: \$25

Detention : Max hours reimbursement: 8

Detention : Broker must be notified prior to detention beginning

Detention : Layover after 8 hours

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.

Notify RXO immediately of any rejected material.

Pickup Street address and pickup Reference number will be provided only after auto-tracking update.

Location Notes

Auto tracking required

Pickup appointment required

INSTRUCTIONS**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.](#)

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**Load Confirmation
14903809**



AT2200.00

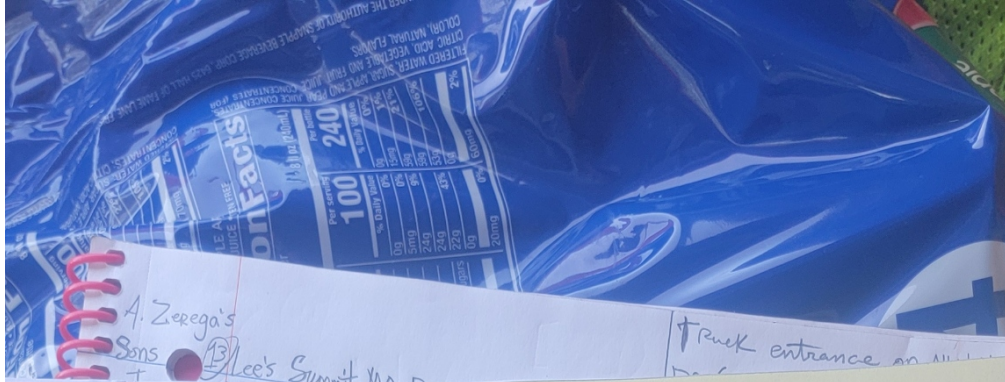
Notice of Assignments, Letters of Release and change of address request are to be submitted to carrierpayupdate@rxo.com to be updated. Failure to do so may result in delayed payment.

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Sign up





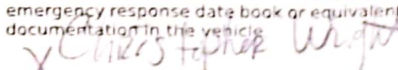
SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO	
Name: Philadelphia Macaroni Company Address: 200 NW Victoria Dr City/State/ZIP: Lee's Summit MO 64086 Delivery #: 311667		Customer Number: 10441 Name: UNISTEL INDUSTRIES, LLC. Address: 650 BLOSSOM ROAD City/State/ZIP: ROCHESTER NY 14610 Customer PO #: 022914		Name: UBER FREIGHT LLC Address: 1515 3RD STREET City/State/ZIP: SAN FRANCISCO CA 94158	
Bill of Lading Number: BoL number (402) 00413470001161961		Carrier Name: CUSTOMER PICK-UP Trailer Number: W97972 Seal Number(s): ZER138417 Delivery Method: SCAC: AAAA Pro (Tracking) number: (9012K) AAAA		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Master Bill of Lading number					
CUSTOMER ORDER INFORMATION					
ORDER NUMBER	CUSTOMER'S PO NUMBER	# OF PKGS	WEIGHT	PALLET / SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
1000013816	022914	23 PAL	34,354.0000	Y (C)	
GRAND TOTAL		23 PAL	34,354.0000		
CARRIER INFORMATION					
HANDLING UNIT	PACKAGE	COMMODITY DESCRIPTION	LTL ONLY		
QTY TYPE	QTY TYPE	WEIGHT H.M. (X)	NMFC# CLASS		
23 PAL	34,354.0000				
GRAND TOTAL		23	34,354.0000		
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 0.00			COD Amount: 0.00 Free Terms: Collect <input type="checkbox"/> Prepaid: <input checked="" type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
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.		
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 U.S. DOT. 9/1/15			SHIPPER Signature		
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 said to contain <input type="checkbox"/> By Driver / Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and a carrier has the U.S. DOT emergency response data book or equivalent documentation in the vehicle. X Chris H. Wright			Property described is received in good order, except as noted.		

Print Date: 05-03-24
Print Time: 13:23:15

Truck entrance on NW Victoria Dr (across from Strange Land Recycling)

BILL OF LADING Delivery Number : 311667									
SHIP FROM Name: Philadelphia Machine Company Address: 200 NW Victoria Dr City/State/ZIP: Lee's Summit MO 64086 Delivery #: 311667					Bill of Lading Number: Bot number  (402) 00413470001161961				
SHIP TO Customer Number: 10341 Location# NY0001 Name: UNISTEL INDUSTRIES, LLC Address: 650 BLOSSOM ROAD City/State/ZIP: ROCHESTER NY 14610 Customer PO #: 022914					Carrier Name: CUSTOMER PICK-UP Trailer Number: W97972 Seal Number(s): ZER138417 Delivery Method: SCAC: AAAA Pro (Tracking) number: (9012K) AAAA				
THIRD PARTY FREIGHT CHARGES BILL TO Name: UBER FREIGHT LLC Address: 1515 3RD STREET City/State/ZIP: SAN FRANCISCO CA 94158 SPECIAL INSTRUCTIONS: Master Bill of Lading number					Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION									
ORDER NUMBER	CUSTOMER'S PO NUMBER	# OF PKGS	WEIGHT	PALLET / SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO				
1000013816	022914	23 PAL	34,354.0000	Y (N)					
GRAND TOTAL		23 PAL	34,354.0000						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring additional care or attention in handling or stowing must be so marked and packaged as to insure safe transportation with ordinary care. See section 2(a) of NMFC Form 360.</small>		NMFC#	CLASS
23	PAL			34,354.0000					
GRAND TOTAL		23	34,354.0000						
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 _____ 0.00					COD Amount: 0.00 Free Terms: Collect: <input type="checkbox"/> Prepaid: <input checked="" type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
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.				
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 U.S. DOT. 9/11/15					Trailer Loaded <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / Pallets said to contain <input type="checkbox"/> 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 U.S.DOT emergency response date book or equivalent documentation in the vehicle. X 9/11/15 1:15 PM WJG

Print Date: 05-03-24
Print Time: 13:23:15

Ship Date: 5/3/24		BILL OF LADING Delivery Number : 311667	
SHIP FROM Name: Philadelphia Macaroni Company Address: 200 NW Victoria Dr City/State/ZIP: Lee's Summit MO 64086 Delivery #: 311667		Bill of Lading Number: BoL number <div style="text-align: center;">  (402) 00413470001161961 </div>	
SHIP TO Customer Number: 10441 Location# NY0001 Name: UNISTEL INDUSTRIES, LLC. Address: 650 BLOSSOM ROAD City/State/ZIP: ROCHESTER NY 14610 Customer PO #: 022914		Carrier Name: CUSTOMER PICK-UP Trailer Number: W97972 Seal Number(s): ZER138417 Delivery Method: SCAC: AAAA Pro (Tracking) number:	
THIRD PARTY FREIGHT CHARGES BILL TO Name: UBER FREIGHT LLC Address: 1515 3RD STREET City/State/ZIP: SAN FRANCISCO CA 94158		(9012K) AAAA Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading	
CUSTOMER ORDER INFORMATION			
ORDER NUMBER	CUSTOMER'S PO NUMBER	# OF PKGS	WEIGHT
1000013816	022914	23 PAL	34,354.0000
GRAND TOTAL		23 PAL	34,354.0000
CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	WEIGHT	COMMODITY DESCRIPTION
QTY TYPE	QTY TYPE	WEIGHT	Commodities requiring additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See section 21(e) of NMFC item 360.
23 PAL	23 PAL	34,354.0000	
364 Elbows 960 spaghetti 56 shells 56 Farfalle 56 Tri color 112 Bolognese		Lots to be determined Sheldon 5-6-24	
GRAND TOTAL		23	34,354.0000
Where the rates 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: 0.00 Free Terms: <input type="checkbox"/> Collect: <input type="checkbox"/> Prepaid: <input checked="" type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. *14706(c)(1)(A) and (B).			
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Print Date: 05-03-24
Print Time: 13:23:15