

**Bill to:**

ROUTE TRANSPORTATION & LOGISTICS, INC. (RTL)
P.O.BOX 14306,
Bradenton,
FL,
34280

Invoice Date: 05/29/2024

Invoice #: 305090

Terms: NET 30

Due Date: 06/29/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/28/2024		1947 Industrial Valley Park Road, Hannibal, MO US 63401 - 1000 CR 1425, MOREHEAD, KY US 40351			
			1	\$1,125.00	\$1,125.00

TOTAL
\$1,125.00

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 Rate and Load Confirmation



Route Transportation & Logistics, Inc.

PO Box 14306

Bradenton, FL 34280

Brian Miller

brian@rtlusa.com

Load Number: 305090

Date: 05/28/2024

Equipment Type: Dry Van 53'

Temperature Controlled: ☐

Temperature Setting Maximum:

Temperature Run Type:

Cargo Value:

Carrier: Royal 3 Inc

Contact: Mel, (p) (f)

MC Number: MC944686

Temperature Setting Minimum:

Temperature Units:

Linear Footage:

Hot Load: ☐

Shipper Pickup (Stop 1)

Used Cardboard Boxes
1947 Industrial Valley Park Road
Hannibal, MO US 63401

Expected Date: 05/28/2024

Shipping/Receiving Hours:

Appointment Required: No

Appointment Time: 13:15

Pickup Instructions: MINIMUM OF 2 STRAPS REQUIRED FOR LOADING

Shipper References:

Pickup/Delivery Number: 42168

Consignee Delivery (Stop 2)

FAMILY DOLLAR 9580 MOREHEAD KY - GA
1000 CR 1425
MOREHEAD, KY US 40351

Expected Date: 05/29/2024

Shipping/Receiving Hours: 08:00-14:00

Appointment Required: No

Appointment Time:

Delivery Instructions: NO FRIDAY DELIVERIES

Consignee References:

Pickup/Delivery Number:

Shipment Information

Handling Unit		Package					LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description	NMFC #	NMFC Class
60	Boxes			20670 lbs		SHIPPING BOXES		

Carrier Fees

Description	Cost
Net Freight Charges	USD 1,125.00
Total Cost	USD 1,125.00

ALL TRAILERS MUST BE 53' DRY VAN SWING DOORS. LOAD BARS OR STRAPS MUST BE USED FOR ALL ORDERS.

Important Billing and Dispatch Information

Dispatch & Drivers

Please call or email our load coordination team with any questions regarding your shipment. Please make sure to reference your load number when phoning or sending an email.

Phone: 877-241-7607 (Press 2)

Email: checkcall@rtlusa.com (Monday through Friday 7:00 AM – 7:00 PM)

Email: mysupport@rtlusa.com (Afterhours and weekend support)

Billing

All loads must be invoiced with the proper load number within seven days of the delivery, along with a clearly legible, complete, signed POD. Payment for invoices will not be processed if paperwork is missing, incomplete, unsigned, or unreadable.

1. Please send your invoice and proof of delivery to the following email address: ap@rtlusa.com
2. Carriers and Factors should send notice of assignment & release to the following email address: noa@rtlusa.com
3. Inquiries into payment status should be emailed to the following address: info@triumphpay.com

Billing Reminder

We have partnered with TriumphPay to allow you, the carrier, to manage your payments from a single portal. You may be eligible to take advantage of our competitive QuickPay program. You must sign in or register with TriumphPay.

Standard payment terms are net 30-days or 4-day quick pay for 2.5%.

If you have problems signing onto or registering with Triumph Pay, please email them at info@triumphpay.com.



Date: 05/28/2024

BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

Page 1 of 1

SHIP FROM

UCB - HA
1947 Industrial Valley Park Road
Hannibal, MO 63401

Bill of Lading Number: 52002-42168

BAR CODE SPACE

SHIP TO

Family Dollar Stores, Inc.
1000 Cr-1425
Morehead, KY 40351
Contact: Darlene Crouch, 606-780-7960

Carrier Name:

Trailer number: H03256
Seal #:
Class: 125

THIRD PARTY FREIGHT CHARGES BILL TO:

Route Transportation & Logistics, Inc.
1017 Manatee Ave W
Bradenton, FL 34205
877-241-7607

SCAC:

Pro Number:

BAR CODE SPACE

Special Instructions:

Receiver PO #: PO1033408

Freight Charge Terms (Freight charges are prepaid unless marked otherwise):
Prepaid ☐ Collect ☐ 3rd Party ☐☐ Master bill of lading with attached underlying bills of lading.

CUSTOMER ORDER INFORMATION

Customer Order No.	Unit	# of Packages	Type	Weight	Pallet/Slip (circle one)		Additional Shipper Information
19 1/2 x 19 1/2 x 14 3/4 HA-SB: Berry 1835180A (FD T2)	20 Pallets	2,800	Shipping Boxes	5,700	Y	N	
20 1/4 x 19 1/2 x 15 HA-SB: Acme Tub (FD T2)	40 Pallets	6,000	Shipping Boxes	14,800	Y	N	
Grand Total	60 Pallets	8,800		20,500			

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

Shipper

Printed Name: R. Wisdom

Signature: R. Wisdom

Date: 5-28-24

Time:

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 DOT.

Trailer Loaded By

☐ Shipper
☐ Carrier

Trailer Counted By

☐ Shipper
☐ Carrier

Load Locked?

☐ Yes
☐ No

Carrier

Printed Name: Smith Herard

Signature:

Date:

Time:

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. Property described above is received in good order, except as noted.

Receiver

Printed Name:

Signature:

Date:

Time:

Receiver acknowledges receipt of packages. Carrier certifies property is received in good order, except as noted.



Date: 05/28/2024

BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

Page 1 of 1

SHIP FROM UCB - HA 1947 Industrial Valley Park Road Hannibal, MO 63401		Bill of Lading Number: 52002-42168	
SHIP TO Family Dollar Stores, Inc. 1000 Cr-1425 Morehead, KY 40351 Contact: Darlene Crouch, 606-780-7960		BAR CODE SPACE	
THIRD PARTY FREIGHT CHARGES BILL TO: Route Transportation & Logistics, Inc. 1017 Manatee Ave W Bradenton, FL 34205 877-241-7607		Carrier Name: Trailer number: H03256 Seal #: Class: 125	
Special Instructions: Receiver PO #: PO1033408		SCAC: Pro Number: BAR CODE SPACE	
		Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.	

CUSTOMER ORDER INFORMATION

Customer Order No.	Unit	# of Packages	Type	Weight	Pallet/Slip (circle one)		Additional Shipper Information
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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.

Shipper Printed Name: <u>R. Wisdom</u> Signature: <u>R. Wisdom</u> Date: <u>5-28-24</u> Time: _____ <small>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 DOT.</small>		Trailer Loaded By <input type="checkbox"/> Shipper <input type="checkbox"/> Carrier Trailer Counted By <input type="checkbox"/> Shipper <input type="checkbox"/> Carrier Load Locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Carrier Printed Name: <u>Smith Herard</u> Signature: _____ Date: _____ Time: _____ <small>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. Property described above is received in good order, except as noted.</small>	Receiver Printed Name: <u>Lori Riley</u> Signature: <u>Lori Riley</u> Date: <u>5-29-2024</u> Time: <u>12:23 pm</u> <small>Receiver acknowledges receipt of packages. Carrier certifies property is received in good order, except as noted.</small> <u>check in time 9:00 AM</u>
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