



**Bill to:**  
SCHNEIDER BROKERAGE  
P.O. BOX 9569/ ACH,  
Louisville,  
KY,  
40201

Invoice Date: 06/04/2024  
Invoice #: SL214635384  
Terms: NET 30  
Due Date: 07/04/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/03/2024		200 N Milwaukee Ave, Security Door 19, Pickup at Docks 75-79, VERNON HILLS, IL - 60061 USA - 169 Riverside Dr, Binghamton, NY - 13905 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**



# Schneider Shipment Tender

<https://schneider.com/carriers>

Schneider's customers require that carriers provide electronic Shipment status updates via EDI, ELD connectivity, mobile app tracking, or other electronic method for Shipment status. All loads without successfully accepted electronic tracking will be subject to rejected accessorial payment (including, but not limited to: labor, detention, layover charges, etc.). Receipts will be required for payment verification, even when electronic tracking was successfully accepted.

Approved mobile app tracking solutions:



**Shipment ID :** SL214635384

**Tender Sent :** 06/03/2024 16:01

**Shipment Distance :** 745.0

**Carrier Pro # :**

**Transport Mode :** TRUCKLOAD

**Total Weight :** 9,257 lb

**Carrier SCAC :** ZFIH

**Transport Type :** Solo

**Carrier :** ROYAL3 INC

**Broker Contact :** Christopher Pandolfo

**Phone :** 9203576280

**Email :** PandolfoC@schneider.com

**After Hours Contact :** 855-476-4786

**Online Carrier Check-In:**



**Equipment Options :** 53 FT Dry Van (TF:5300)

**Special Services :**

**Work Assignment Notes :** MUST BE ON AUTOMATION TRACKING. PICKUP AT DOCKS 75-79. CAN DELIVER 6/4 OR 6/5.

## Pickup Information

**Location :** CDW Corp Vernon Hills, 200 N Milwaukee Ave, Security Door 19, Pickup at Docks 75-79, VERNON HILLS, IL - 60061 USA

**Contact:** Neil Youngblood, Phone: 312-705-0218,

**Appointment Window :** From : 06/03/2024 08:00 To : 06/03/2024 18:30

**Item Details:**

Description	Qty	UOM	Weight	Dim (L x W x H)	Class	NMFC	Hazmat	Stack	Temperature Range
Desktop monitors	16	PLT	9,257 lb	48 x 40 x 58 in		56680		NO	

**References :** CH321553 (MASTER BILL OF LADING), J011003641 (Purchase Order), NXFZ512 (Pickup), RFQ00542940JB (Shipment ID), ZFIH (SCAC), ZFIH (SCAC)

**Special Instructions:** NO SPECIAL INSTRUCTIONS

## Delivery Information

**Location :** Guthrie Lourdes Hospital, 169 Riverside Dr, Binghamton, NY - 13905 USA

**Contact:** Alex Ott, Phone: 607-798-5111,

**Appointment Window :** From : 06/04/2024 08:00 To : 06/04/2024 14:00

**Item Details:**

Description	Qty	UOM	Weight	Dim (L x W x H)	Class	NMFC	Hazmat	Stack	Temperature Range
Desktop monitors	16	PLT	9,257 lb	48 x 40 x 58 in		56680		NO	

**References :** CH321553 (MASTER BILL OF LADING), J011003641 (Purchase Order), NXFZ512 (Pickup), RFQ00542940JB (Shipment ID), ZFIH (SCAC), ZFIH (SCAC)

**Special Instructions:** NO SPECIAL INSTRUCTIONS



# Schneider Shipment Tender

<https://schneider.com/carriers>

To : ROYAL3 INC  
Schneider Shipment ID : SL214635384

Broker Name : Christopher Pandolfo  
Phone : 9203576280

\*\*\* Invoice will not be paid without proper paperwork \*\*\*

The following should be included with your invoice:

Bill Of Lading #, Piece Count, Weight, Consignee Signature, Shipper and Consignee Info, including Postal Code, and Schneider Shipment ID.  
Shipment ID must be in the upper right hand corner of all shipment bills.  
Must attach and send in this Schneider Shipment Tender rate contract with invoice.

## AGREED TO RATE

Total Line Haul	1950.00	Date : 06/03/2024 16:01
<b>Total</b>	<b>\$ 1950.00 USD</b>	<b>Schneider Shipment ID : SL214635384</b> (Shipment ID must be on the invoice)

### Additional Rate Information

1. Unless otherwise approved by Schneider, the above rate includes all stop-off charges, fuel surcharges, loading, unloading, etc. This rate cannot be changed, modified, or supplemented by reference to any other rates, rules, classification, schedule, or tariff without Schneider's written permission.
2. Any accessorial not listed above (including, but not limited to, labor, detention, layover charges, etc.) must be pre-approved by Schneider; failure to obtain pre-approval will result in non-payment. Driver detention times charges must be clearly noted on the bill of lading and may only be authorized on electronically tracked Shipments (Schneider's customers require electronic tracking for Shipment updates). Receipts must be provided for any third-party (e.g., lumper) charges. Supporting documentation must be provided within thirty (30) days of services rendered, or reimbursement may be denied.

### Additional Requirements

1. Schneider does not dispatch the driver. Carrier retains sole control and authority over the driver in all respects including, without limitation, dispatching, routes taken, reference numbers, and service expectations.
2. Carrier is required to adhere to all appointment times set by the Customer (and, if requested by the Customer, ensure that the driver has the necessary technology to provide (and agrees to provide) tracking of the Shipment via mobile app technology).
3. Brokerage of this Shipment by Carrier is prohibited. Any brokerage will void Schneider's obligation to pay Carrier.
4. Carrier's dispatch personnel must notify Schneider immediately of any Shipment related issues that will, or are reasonably likely to, cause Carrier to miss the scheduled pick-up or delivery appointment time. Carrier must contact Schneider (do not call the customer) at 855 476 4786 with any Shipment related concerns.
5. Carrier shall not break the seal, partial the Shipment, or move the Shipment via rail without written consent from Schneider. This will result in non-payment, a claim and/or legal action per the terms of the Master Transportation Agreement.
6. Carrier will require the driver to scale Shipment prior to departing shipper. Carrier is responsible to ensure the Shipment is safe and of legal weight for transit.
7. If Carrier's cargo or automobile insurance policy contains a schedule of covered vehicles or equipment, Carrier will not transport this Shipment using a vehicle and/or equipment that is not listed as scheduled on Carrier's cargo insurance policy, and Carrier's cargo policy must not exclude from coverage any commodities or cargo transported in this Shipment.
8. If this Shipment involves travelling in the State of California, all equipment utilized by Carrier must meet California Air Resources Board Regulations including, without limitation, the Truck and Bus Rule. By accepting this tender, Carrier represents that it's equipment will comply with such requirements.

### Agreement to be Bound

Carrier has read this entire Shipment tender. By accepting this Shipment Tender and transporting the Shipment (even without a signature on this Shipment Tender), Carrier agrees it is bound to, and agrees to comply with, all statements, special services, work assignments, terms and conditions, and other requirements contained herein. In addition to the terms contained in this Shipment Tender, this Shipment shall be governed by the terms and conditions of the Master Transportation Agreement between Broker and Carrier, which are deemed incorporated herein.



# Schneider Shipment Tender

<https://schneider.com/carriers>

To : ROYAL3 INC

Schneider Shipment ID : SL214635384

Broker Name : Christopher Pandolfo

Phone : 9203576280

## Invoice Instructions

1. Submit detailed invoice with Schneider Shipment ID, Proof Of Delivery, Shipment Tender, and all applicable paperwork to Transflo Velocity (<https://www.transflo.com/transflo-velocity-scanning/>).
2. Carrier must send Schneider all required paperwork for this shipment, as stated above, no later than 180 days from the date of confirmed delivery or Carrier will not be paid for the shipment.

### **30 DAY:**

<https://www.transflo.com/transflo-velocity-scanning/>  
Transflo Broker ID: SLCYV  
E-mail: SchneiderPay@e-transflo.com

**TRANSFLO** Velocity

### **QUICK PAY PROGRAM:**

<https://www.transflo.com/transflo-velocity-scanning/>  
Transflo Broker ID: SLCYVQP  
E-mail: STMQuickPay@e-transflo.com

**All Carrier payments are now processed through TriumphPay.com.**

Please register online in order to receive payments:

1. Go to <https://secure.triumphpay.com>
2. Register your company
3. Connect with Schneider Enterprise Resources
4. Add your payment information
5. Control your money!
6. Send Notice of Assignment/Release letters to:  
[schneider@noa.triumphpay.com](mailto:schneider@noa.triumphpay.com)



**Get Paid Now!**

Login to TriumphPay.com to take advantage of our  
2 Business Day Quick Pay - 2% fee



<b>BOL NO: CH321554</b> <b>Carrier: Schneider Logistics</b> <b>Pickup Date: 06-03-2024</b> <b>Origin Terminal</b>				<b>BILL OF LADING</b> <b>Ship From</b> CDW Corp Vernon Hills 200 N Milwaukee Ave Dock 75-79 Pickup # Vernon Hills, IL 60061 Neil Youngblood 312-705-0218 Gurthrie Lourdes Hospital 169 Riverside Dr Binghamton, NY 13905 Alex Ott 607-798-5111				<b>Destination Terminal</b>  <b>P: F:</b> PO Number: PO# 3011083641 Pick Up Number: Order NMFZ512			
<b>Ship To</b> OptiFreight Logistics 7000 Cardinal Place Dublin, OH 43017				<b>Freight Charges Bill To</b> OptiFreight Logistics 7000 Cardinal Place Dublin, OH 43017							
<b>Special Instructions: ***All accessorial charges bill to OptiFreight Logistics.*** *****All accessorial charges bill to OptiFreight Logistics.*** *****Include liability coverage up to \$78,413 ***Order NMFZ512 *****Requires regular, dock-high truck or flatbed truck *** 16 @ 48X40X58</b>				<b>Freight Terms</b> Prepaid Collect 3rd Party X							
<b>Accessorial:</b>				<b>Item Description</b> Identification Number (UN or NAL Proper Shipping Name, Hazard Class, Packing Group, per 172.101, 172.202, 172.203)							
Quantity	Type	Weight	HM (X)	NMFC	Desktop monitors (475 pcs) Dimensions: 172.101, 172.202, 172.203						
16.0	PLT	9257.0			GRAND TOTALS: 100.0						
When 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 \$_____ per _____, specifically stated by the shipper to be not exceeding _____											
Remit COD to: _____ COD Amount: _____											
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).											



<b>BOL NO: CH321554</b>			
<b>BILL OF LADING</b>			
Carrier: Schneider Logistics			
Pickup Date: 06-03-2024			
Origin Terminal			
P: F:			
Destination Terminal			
P: F:			
References: PO Number: 304 3041003641 Pick Up Number: Order NMF2512			
CDW Corp Vernon Hills 200 N Milwaukee Ave Dock 75-79 Pickup # Vernon Hills, IL 60061 Neil Youngblood 312-705-0218		Ship To Guthrie Lourdes Hospital 169 Riverside Dr Binghamton, NY 13905 Alex Ott 607-798-5111	
Freight Charges Bill To OptiFreight Logistics 7000 Cardinal Place Dublin, OH 43017		Freight Terms Prepaid Collect 3rd Party X	
<b>Special Instructions:</b> ***All accessorial charges bill to OptiFreight Logistics.*** *****All accessorial charges bill to OptiFreight Logistics.*****include liability coverage up to \$78,413***Order NMF2512 *****Requies regular, dock-high truck or liftgate truck *** 16 @ 48X40X58			
<b>Accessorials:</b>			
Quantity	Type	Weight	HM (X) NMFC
16.0	PLT	9257.0	
16.0		9257.0	
Item Description (Identification Number (UN or NA) Proper Shipper's Name, Hazard Class, Packing Group, per 172.101, 172.202, 172.233) Desktop monitors (475 pcs) Dimensions:			
LTL Class 100.0			
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 _____ per _____ <b>GRAND TOTALS:</b>			
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 U.S.C. 14706(c)(1)(A) and (B).			

Michael  
Forte  
6/4/24