



Bill to:
RANGE LOGISTICS LLC
10733 SUNSET OFFICE DRIVE,
Saint Louis,
MO,
63122

Invoice Date: 06/06/2024
Invoice #: 72832
Terms: NET 30
Due Date: 07/06/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/05/2024		996 PARAGON WAY, ROCK HILL, SC 29730 - 12000 NW 173RD ST, ALACHUA, FL 32615			
			1	\$1,300.00	\$1,300.00

TOTAL
\$1,300.00

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



RANGE LOGISTICS
214 N. CLAY
STE 205
KIRKWOOD MO 63122

PRO # 72832 Rate Confirmation

FROM	FROM	DATE	TIME
	KYLE HEBERT	06/05/24	14:45:34
CARRIER	(855) 997-2643 (p) (905) 464-0947 (c) (314) 394-0783 (f) kyle@rangelogistics.com		
	ATT		
PHONE	ROYAL3 INC		
	KELLY		
FAX	PHONE		
	(630) 485-7370		

PICK UP			
From Address	ROCK HILL DC 996 PARAGON WAY	Phone/Contact	(555) 555-5555 UNKNOWN
City, State, Zip	ROCK HILL SC 29730	Ship Date/Time	06/05/24
Hours	0800-1700	Appt Date/Time	06/05/24 @ 13:00
		Special Inst.	PU @ 1PM
		Special Inst.	

MC #	DOT #	TRUCK #	TRAILER #	DRIVER	DRIVER CELL	PU REF
944686	2828543	730		BRYAN	(561) 676-8014	884007980
SIZE & TYPE		DESCRIPTION		PIECES	WEIGHT	MILES
53 'VAN		HOUSEHOLD GOODS		2983	11642	431

FINAL DESTINATION			
Company Address	DOLLAR GENERAL 96800 12000 NW 173RD ST	Phone Contact	(555) 555-5555 UNKNOWN
City, State, Zip	ALACHUA FL 32615	Appt Date/Time	06/06/24 06:00 DEL @ 6AM
Hours	0800-1700	Ref #	854704447

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1300.00	* MUST DELIVER BY 06/06/24 * TOTAL DISTANCE = 431 MI PLT: 29.000 16 LD VOL = 1291.845 RNLH
TOTAL RATE	\$ 1300.00	

IN CASE OF DETENTION, IN & OUT TIMES MUST BE MARKED ON THE BILL OF LADING
| BY THE RECEIVER

Carrier is responsible for any and all lumper fees after business hours.
If any delivery appointments are missed late fees may apply.

(Instructions Continue On Next Page)

Carrier Signature Kelly Ivanovic

Send Carrier Bills to the Address Above

PRO #

Date / / YYYY

must appear on all Invoices

72832



RANGE LOGISTICS
214 N. CLAY
STE 205
KIRKWOOD MO 63122

PRO # 72832 Rate Confirmation

FROM	FROM	DATE	TIME
	KYLE HEBERT	06/05/24	14:45:34
	(855) 997-2643 (p) (314) 394-0783 (f)	(905) 464-0947 (c)	
CARRIER	TO	ATT	
	ROYAL3 INC	KELLY	
	PHONE	FAX	
	(630) 485-7370		

Carrier and/or driver must notify Range prior to delivery of any delays via email to info@rangelogistics.com, late fee charges may apply
Range must be notified of any detention within 2 hours of delivery appointment.
IN/OUT times must be marked on the BOL to get paid for detention
Range must be notified of any lumpers within 24 hours of delivery in order to be reimbursed.
All trailers must be food grade, clean, dry, no holes. If the trailer is rejected for any reason Range is not responsible.
ALL drivers MUST accept Macro Point tracking or face possible rate deduction
Thank you
Please email all invoices and POD's to invoices@rangelogistics.com

Date: 6/5/2024

BILL OF LADING

Page 1

SHIP FROM		Bill of Lading Number: 884007980	
Name: PLAYTEX/SCHICK - DHL		Must Arrive By Date: 06/05/2024	
Address: 996 PARAGON WAY		Ship Date: 06/05/2024	
City/State/Zip: Rock Hill, SC 29730		SCAC: RNLH	
FOB:			
SHIP TO		Carrier Name: RNLH	
Name: DOLLAR GENERAL 96800		Equipment: W94946	
Address: 12000 NW 173 ST		Seal number(s): 030144	
City/State/Zip: ALACHUA, FL 32615		Pro Number:	
FOB:		In Time 4:32pm Appt Time 1pm Out Time 5:50pm	
IF PREPAID, SEND FREIGHT BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Playtex /Schick Manufacturing Inc.		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/>	
Address: PO Box 30382		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip: Cleveland, OH 44130		(check box)	

SPECIAL INSTRUCTIONS: To schedule an appointment please use the verbiage to the ap, provide any availability for any time on the expected arrival, then if nothing is open during those times, please schedule, first available appt. Cannot specify dates past MABD or li, requested times on the MABD or after and we must select the, available time and date available by MABD or after to avoid

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	CASES	PALLETS	WEIGHT (LB)	Pallet/Slip (Circle One)	ADDITIONAL SHIPPER INFO
1Z75D4	2444	28	8584.61	(Y) N	- 8003758540
1ZFX47	301	7	1590.94	(Y) N	- 8003758717
1ZFX29	238	6	1364.63	(Y) N	- 8003689069
	0	0	0.00	(Y) N	
	0	0	0.00	(Y) N	
GRAND TOTAL		2983	41	11540.18	

CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	WEIGHT (LB)	H.M. (X)
SEE ATTACHED SUPPLEMENT PAGE					
				11540.00	
				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: <input type="checkbox"/> Prepaid: <input 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		CARRIER SIGNATURE/PICKUP DATE	
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	
Receiver Delivery Confirmation: Seal # (TL Only) _____ Trailer # (TL Only) _____ Cases _____ Pallets _____		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 the vehicle.	
Receiver Signature _____ Date _____			
To be eligible for credit regarding any noted OSD discrepancies at time of delivery, the receiver is required to note and sign ALL the above fields. Failure to do so could result in credit being declined.			

Page 2

CARRIER INFORMATION

[illegible]

Date: 6/5/2024

BILL OF LADING

Page 1

SHIP FROM		Bill of Lading Number: 884007980
Name: PLAYTEX/SCHICK - DHL		Must Arrive By Date: 06/05/2024
Address: 996 PARAGON WAY		Ship Date: 06/05/2024
City/State/Zip: Rock Hill, SC 29730		SCAC: RNLH
FOB: <u>854704447</u> <u>6AM</u>		
SHIP TO		Carrier Name: RNLH
Name: DOLLAR GENERAL 96800		Equipment: W94946
Address: 12000 NW 173 ST		Seal number(s): 030144
City/State/Zip: ALACHUA, FL 32615		Pro Number: <u>In Time 4:32pm</u> <u>Appt Time 1pm</u> <u>Out Time 5:50pm</u>
FOB:		
IF PREPAID, SEND FREIGHT BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name: Playtex /Schick Manufacturing Inc.		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/>
Address: PO Box 30382		
City/State/Zip: Cleveland, OH 44130		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS: To schedule an appointment please use the verbiage to the ap, provide any availability for any time on the expected arriva, then if nothing is open during those times, please schedule, first available appt. Cannot specify dates past MABD or li, requested times on the MABD or after and we must select the, available time and date available by MABD or after to avoid

R 3
730
BR Lyan

CUSTOMER ORDER INFORMATION						ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	CASES	PALLETS	WEIGHT (LB)	Pallet/Slip (Circle One)			
1Z75D4	2444	28	8584.61	(Y) N	- 8003758540	FOR CHEMICAL EMERGENCY - SPILL, LEAK, FIRE EXPOSURE OR ACCIDENT CALL CHEMTREC 800-424-9300 DAY OR NIGHT	
1ZFX47	301	7	1590.94	(Y) N	- 8003758717		
1ZFX29	238	6	1364.63	(Y) N	- 8003689069		
	0	0	0.00	(Y) N			
	0	0	0.00	(Y) N			
GRAND TOTAL	2983	41	11540.18				

HANDLING UNIT						PACKAGE		WEIGHT (LB)	H.M. (X)	CARRIER INFORMATION		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.				NMFC #	CLASS				
SEE ATTACHED SUPPLEMENT PAGE										See Section 2 (b) of NMFC		DORADO TRAILER DC - ALACHUA, FL			
										Trailer # <u>W94546</u>		Date: <u>6-6-24</u>			
										Seal #: <u>030144</u>		Intact: <u>YES</u> NO			
										Arrive: <u>5:36</u> AM / PM		Depart: <u>9:48</u> AM / PM			
										Slot: _____		Lot: _____			
										Circled and initialed		GRAND TOTAL			
										11540.00		LOADED		RT	

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 _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14101 (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 SIGNATURE/DATE		Trailer Loaded:		Freight Count:	
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 Department of Transportation.		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets <input type="checkbox"/> By Driver/Pieces	
Receiver Delivery Confirmation: Seal # (TL Only) _____		Trailer # (TL Only) _____		Cases _____ Pallets _____	
Receiver Signature _____		Date _____		DATE: <u>6-6-24</u> BEGIN TIME: <u>10:00</u> END TIME: <u>11:00</u>	

To be eligible for credit regarding any noted OSD discrepancies at time of delivery, the receiver is required to note and sign ALL the above fields. Failure to do so could result in credit being declined.