



**Bill to:**  
TRANSIT SOLUTIONS, INC.  
1618 FEBRIOCN BLVD,  
Jeffersonville,  
IN,  
47130

Invoice Date: 06/11/2024  
Invoice #: 91950  
Terms: NET 30  
Due Date: 07/11/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/10/2024		TSI Trucking, 1618 Fabrice Blvd, Jeffersonville, IN 47130 - 8640 Nail Rd, Olive Branch, MS 38654, USA			
			1	\$1,300.00	\$1,300.00

<b>TOTAL</b>
\$650.00

**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**

1st Stop



**\*\*REMIT INVOICE TO\*\***

Transit Solution, Inc.  
1618 Fabiricon Blvd  
Jeffersonville, IN 47130

Load Number: 91950 *plw#*

Date: 06/10/24

PO #: 2934819 DRVR UNI

**The agreement, between Transit Solutions ("The Broker") and ("The Carrier")**

ROYAL3 INC

JOHNNY J630-485-7370 operating under MC# 944686

**LOAD CONFIRMATION AND PAYMENT AGREEMENT -- PLEASE SIGN AND RETURN ASAP**

SHIPPER TSI TRUCKING  
1618 FABRICON BLVD

Phone: () -

Sched: 06/10/2024 08:00 AM - 03:00 PM

SK/PCS: 599

Wt/Lbs. 11292

Plts: 14

JEFFERSONVILLE, IN 47130

RECEIVER MEDLINE INDUSTRIES  
3446 HWY 51 N., STE 100  
SOUTHAVEN, MS 38672

Phone: (662) 449-8381

Sched: 06/11/2024 06:30 AM

SK/PCS: 0

Wt/Lbs. 0

PO: 2934819 drvr unload

DESCRIPTION	PIECE	WEIGHT	AMOUNT
MEDICAL SUPPLIES/O&M BOL#	14	11292	650.00
APT#2934819 drvr unload	0	0	

**PLEASE HAVE DRIVER CALL FOR DISPATCH-**

It is very important that the driver use the consignee name when informing the shipper how to load the trailer.

- 1) All drivers must call for dispatch: 812-280-0800, Cassandra ext 1021, Mia ext.1008, David (502) 969-7527 OR ext. 1004
- 2) Do not send your truck to load before all set up paperwork is received, and rate con is signed and returned by e-mail or fax (812-820-0847). Failure to do so will result in 25% deduction of agreed rate.
- 3) Drivers MUST come into the building sign in and provide pickup number(s).
- 4) To qualify for any detention driver/dispatcher MUST call one hour prior to going into detention at the shipper or consignee. Failure to notify Transit Solutions will result in non-payment of any detention claim. (first 3 hours free)
- 5) Payment Terms: Net 30 from date of receipt of clear and legible signed POD, your invoice referencing the Transit load number and your signed rate confirmation ONLY in PDF format to [billing@transitsolutions.net](mailto:billing@transitsolutions.net). NO OTHER FORMATS WILL BE ACCEPTED OR PROCESSED prior approval and through the rate con. The receipt must be included when sending in your paperwork.
- 6) POD's received more than 48 hours from delivery are subject to a 10% rate reduction. Lumper fees are only reimbursed with prior approval and through the rate con. The receipt must be included when sending your paperwork.
- 7) Any carrier late to a delivery will result in a 25% rate reduction on our agreed rate plus any late charges the consignee may charge to accept the freight.
- 8) If loading from the TSI dock, this warehouse is not a shipper load and count facility. Your driver has the opportunity to count freight as it is being loaded.
- 9) DOUBLE BROKERING IS NOT ALLOWED AND WILL BE BREACH OF THIS CONTRACT AND WILL RESULT IN NON-PAYMENT OF RATE.

**By signing this load agreement you agree to the terms of the contract.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for using Transit Solutions!*

2nd Stop



\*\*REMIT INVOICE TO\*\*

Transit Solution, Inc.  
1618 Fabricon Blvd  
Jeffersonville, IN 47130

Load Number: 91733

Date: 06/10/24

PO #: CONF#180684

**The agreement, between Transit Solutions ("The Broker") and ("The Carrier")**

ROYAL3 INC

JOHNNY J630-485-7370 operating under MC# 944686

**LOAD CONFIRMATION AND PAYMENT AGREEMENT -- PLEASE SIGN AND RETURN ASAP**

SHIPPER TSI TRUCKING Phone: ()- Sched: 06/10/2024 08:00 AM - 03:00 PM  
1618 FABRICON BLVD  
JEFFERSONVILLE, IN 47130  
SK/PCS: 380 Wt/Lbs. 4760 Plts: 10

RECEIVER CARDINAL HEALTH- OLIVE BRANCH Phone: (662)892-2760 Sched: 06/11/2024 09:00 AM  
8640 NAIL RD SUITE 115  
OLIVE BRANCH, MS 38654  
SK/PCS: 0 Wt/Lbs. 0  
PO: CONF#180684

DESCRIPTION	PIECE	WEIGHT	AMOUNT
MEDICAL SUPPLIES/ O&M BOL#1909964-2	10	4760	650.00
CONF#180684	0	0	

**PLEASE HAVE DRIVER CALL FOR DISPATCH-**

It is very important that the driver use the consignee name when informing the shipper how to load the trailer.

- 1) All drivers must call for dispatch: 812-280-0800, Cassandra ext 1021, Mia ext.1008, David (502) 969-7527 OR ext. 1004
- 2) Do not send your truck to load before all set up paperwork is received, and rate con is signed and returned by e-mail or fax (812-820-0847). Failure to do so will result in 25% deduction of agreed rate.
- 3) Drivers MUST come into the building sign in and provide pickup number(s).
- 4) To qualify for any detention driver/dispatcher MUST call one hour prior to going into detention at the shipper or consignee. Failure to notify Transit Solutions will result in non-payment of any detention claim. (first 3 hours free)
- 5) Payment Terms: Net 30 from date of receipt of clear and legible signed POD, your invoice referencing the Transit load number and your signed rate confirmation ONLY in PDF format to [billing@transitsolutions.net](mailto:billing@transitsolutions.net). NO OTHER FORMATS WILL BE ACCEPTED OR PROCESSED prior approval and through the rate con. The receipt must be included when sending in your paperwork.
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- 9) DOUBLE BROKERING IS NOT ALLOWED AND WILL BE BREACH OF THIS CONTRACT AND WILL RESULT IN NON-PAYMENT OF RATE.

**By signing this load agreement you agree to the terms of the contract.**

Signature Milo Morrison Title Dispatcher Date 6-10-2024

*Thank you for using Transit Solutions!*



Date: 6/3/2024

## BILL OF LADING

Page 1

## SHIP FROM

Owens & Minor Louisville  
6201 GLOBAL DISTRIBUTION WAY  
Suite 101  
Louisville, KY 40228

## SHIP TO

CARDINAL HEALTH MED PRODS AND SRVCS  
OLIVE BRANCH, MS DC  
8640 NAIL ROAD SUITE 115  
4532157904  
OLIVE BRANCH, MS 38654

## SEND FREIGHT BILLS TO:

Owens & Minor - OMDI  
Center Code: 003A, c/o Trax Group  
3175 LENOX PARK BLVD STE 400  
MEMPHIS, TN 38115

SPECIAL INSTRUCTIONS:  
Do Not Double Stack

Bill of Lading Number: 1909964-2



(402) 1909964-2

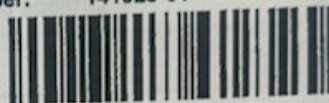
Carrier Name: TSI Trucking, LLC

Equipment: 531628-TSI-AL

Seal number(s):

SCAC: TTHY

Pro Number: 141923-01



(9012K) 141923-01

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒Collect ☐3rd Party ☐
☐  
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)	ADDITIONAL SHIPPER INFO
4532157904	127	1202.20	Y N	057/00/0546855.2/001, 00000130
4532157904	256	3208.28	Y N	057/00/0546855.3/001, 00000130
	0	0.00	Y N	
	0	0.00	Y N	
	0	0.00	Y N	
GRAND TOTAL	383	4410.48		

## CARRIER INFORMATION

HANDLING UNIT	PACKAGE	WEIGHT (LB)	H.M. (X)	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. See Section 2(e) of NMFC Item 300	NMFC # CLASS
SEE ATTACHED SUPPLEMENT PAGE					
10	380	4760.48		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: ☐ 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).

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

Signature

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 DOT emergency response guidebook or equivalent documentation in the vehicle.

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 the Department of Transportation.

3/11/24 6/3/24

Trailer Loaded:

☒ By Shipper☐ By Driver

Freight Counted:

☒ By Shipper☐ By Driver/pallets said to contain☐ By Driver/Pieces

James R. TSI TAC  
8-4-23



Date: 6/6/2024

## BILL OF LADING

Page 1

SHIP FROM  
Owens & Minor Louisville  
6201 GLOBAL DISTRIBUTION WAY  
Suite 101  
Louisville, KY 40228

Bill of Lading Number: 1910590-2



(402) 1910590-2

SHIP TO  
MEDLINE INDUSTRIES LP  
3446 HIGHWAY 51 N, SUITE 100  
4517142760  
SOUTHAVEN, MS 38672

Driver unbad Req

6/11c 630AM #2934819

Carrier Name: TSI Trucking, LLC

Equipment: 531929-6624-TSI-AL

Seal number(s):

SCAC: TTHY

Pro Number: 141770-01



(9012K) 141770-01

SEND FREIGHT BILLS TO:

Owens & Minor - OMDI  
Center Code: 003A, c/o Trax Group  
3175 LENOX PARK BLVD STE 400  
MEMPHIS, TN 38115

SPECIAL INSTRUCTIONS:

Do Not Double Stack

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒Collect ☐3rd Party ☐☐  
(check box)

Master Bill of Lading: with attached underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)	ADDITIONAL SHIPPER INFO
4517468084	599	10801.92	Y N	057/00/0547908.2/001, 00000482
	0	0.00	Y N	
	0	0.00	Y N	
	0	0.00	Y N	
	0	0.00	Y N	
GRAND TOTAL	599	10801.92		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
14	Pallets	0		490.00		Pallet Weight		70
0		22	Case	181.50		Pulmonary assistance apparatus	56445	85
0		439	Case	9556.67				
0		119	Case	873.75		Oxygen administering apparatus	56440	125
0		19	Case	190.00		Respirators, mechanical	56860	110
14		599		11291.92		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: ☐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).

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

CARRIER SIGNATURE/PICKUP DATE

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 the Department of Transportation.

Trailer Loaded:

☒ By Shipper☐ By Driver

Freight Counted:

☒ By Shipper☐ By Driver/pallets said to contain☐ By Driver/Pieces

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.

J. H. H. H.  
6/6/2024



Page 1

### CUSTOMER ORDER INFORMATION

### CARRIER INFORMATION

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.

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.

☒ By Shipper☐ By Driver☒ By Shipper☐ By Driver/pallets said to contain☐ By Driver/Pieces

3<sup>rd</sup> Aug 6/8/24

Rec. 105/W13 577C 3800025  
James P. ... 12/11/94



Date: 6/6/2024

## BILL OF LADING

Page 1

## SHIP FROM

Owens & Minor Louisville  
6201 GLOBAL DISTRIBUTION WAY  
Suite 101  
Louisville, KY 40228

Bill of Lading Number: 1910590-2



(402) 1910590-2

## SHIP TO

MEDLINE INDUSTRIES LP  
3446 HIGHWAY 51 N, SUITE 100  
4517142760  
SOUTHAVEN, MS 38672

Carrier Name: TSI Trucking, LLC

Equipment: 531929-6624-TSI-AL

Seal number(s):

SCAC: TTHY

Pro Number: 141770-01



(9012K) 141770-01

## SEND FREIGHT BILLS TO:

Owens & Minor - OMDI  
Center Code: 003A, c/o Trax Group  
3175 LENOX PARK BLVD STE 400  
MEMPHIS, TN 38115

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒ Collect ☐ 3rd Party ☐
☐ Master Bill of Lading: with attached underlying Bills of Lading  
(check box)

SPECIAL INSTRUCTIONS:  
Do Not Double Stack

MEDLINE INDUSTRIES

DROP DATE 06/11

SEAL NUMBER

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	UNLOAD DATE	WEIGHT (LB)	Pallet/Slip (Circle One)	ADDITIONAL SHIPPER INFO
4517468084	# OF PIECES RCVD 599	10801.92	Y N	057/00/0547908.2/001, 00000482
	# OF PALLETS RCVD 14	0.00	Y N	
	Short Over Damaged 0	0.00	Y N	
	Shrink wrap intact - Yes/No 0	0.00	Y N	
	Sign for Pieces AND Pallets 0	0.00	Y N	
GRAND TOTAL	599	10801.92		

## CARRIER INFORMATION

HANDLING UNIT	PACKAGE	RCVD BY WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE		NMFC # CLASS
14	Pallets	0		Pallet Weight	70
0	22	Case	181.50	Pulmonary assistance apparatus	56445 85
0	439	Case	9556.67		
0	119	Case	873.75	Oxygen administering apparatus	56440 125
0	19	Case	190.00	Respirators, mechanical	56860 110
14	599	11291.92		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: ☐ 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).

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

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 the Department of Transportation.

Trailer Loaded:

☐ By Shipper☐ By Driver

Freight Counted:

☐ By Shipper☐ By Driver/pallets said to contain☐ 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 DOT emergency response guidebook or equivalent documentation in the vehicle.

Signature  
6/6/2024

Signature  
6/11/24