

**Bill to:**

LOGISTIC DYNAMICS, INC(LDI)  
155 PINEVIEW,  
Amherst,  
NY,  
14228

Invoice Date: 06/19/2024

Invoice #: 1515348

Terms: NET 30

Due Date: 07/19/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/18/2024		672 Tradeport Dr, Summerville, SC 29483, USA - 10601 MEMPHIS AVE BLDG 12, BROOKLYN, OH 44144			
			1	\$1,700.00	\$1,700.00

<b>TOTAL</b>
\$1,700.00

**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**

# Rate Confirmation

# LDi

Bill To: Logistic Dynamics LLC  
1140 Wehrle Dr.  
Buffalo, NY 14221

Please submit all load documents  
through [ldicarriers.com](http://ldicarriers.com) (MC  
Numbers only).

Remit POD, BOL and Invoice To:  
[payables@shipldi.com](mailto:payables@shipldi.com)

For Quick Pay, Remit Documents To:  
[quickpay@shipldi.com](mailto:quickpay@shipldi.com)

For Payment Status:  
[paymentstatus@shipldi.com](mailto:paymentstatus@shipldi.com)

Load #: 1515348

Generated: 6/18/2024 10:42:06 AM EST

From: ILYA BATAZHAN | P: (910) 782-8753

Carrier: ROYAL3 INC

To: Robert

Phone: (630) 485-7370

Fax: (630) 485-6980

Rate(s): \$1,700.00 = \$1,700.00 × 1 (FLAT RATE)

**\$1,700.00 (TOTAL IN U.S. DOLLARS)**

Commodity: Rubber gloves

Weight (lbs): 11,500

Equipment: Van / 53'

Pallet Exchange? ☐ Yes ☒ No

Team Service: ☐ Yes ☒ No

Case/Size: 0

Insurance Value: \$100000.00

Temp: N/A

Pallets Required #: 0

**NOTES TO CARRIER:** Ready now. Pick up any time before 8pm. Delivers FCFS 8am-4pm. Receivers signature must be legible and pieces received confirmed by circling pieces or notation of pieces

## Pick Ups

<u>Location</u>	<u>Pickup #</u>	<u>Phone</u>	<u>Date &amp; Time</u>
ANSELL HEALTHCARE C/O DHL 672 TRADEPORT DRIVE BUILDING 5 SUMMERVILLE, SC 29486 Notes: ---	---	(910) 782-8753	06/18/2024 (10am-8pm)

## Deliveries

<u>Location</u>	<u>P.O. #</u>	<u>Phone</u>	<u>Date &amp; Time</u>
NATIONAL SAFETY APPAREL, INC 10601 MEMPHIS AVE BLDG 12 BROOKLYN, OH 44144 Notes: ---	---	N/A	06/19/2024 (8AM-4PM FCFS)

1. If any unloading payment is agreed upon, carrier must supply unloading receipt with lumpers full name at time of original billing, also the driver must call LDI to get a release number for any lumper fees. Failure to do so within 24 hours of delivery will result in no-reimbursement of unloading.
2. To ensure prompt payment, we require the original or clear copies of signed shipper's Bill of Ladings, along with LDI's Load number (LOAD#) on the invoice.
3. Failure to report any overage, shortage or damage within 24 hours will result in a \$100 fine.
4. Any product that is to be disposed needs to have written consent from LDI before being disposed of.
5. Driver must have a minimum of 2 load locks to secure the load.
6. Loads that are sealed at the shipping point are to remain sealed until an authorized person at the receiver breaks the seal.  
If the seal is broken by an unauthorized person, the carrier becomes 100% liable for the cost of the product and any other expenses.
7. Directions supplied by Logistic Dynamics, Inc. or its Customers either orally or written are for informational purposes only. It is the carrier's responsibility to confirm that it may lawfully operate a loaded vehicle of any weight, commodity, or dimension over any highway, bridge or route.
8. Failure to return with fully loaded truck or incomplete order will result in a reduced pro-rated fee
9. By executing this Rate Confirmation on behalf of the Carrier, Driver hereby covenants and agrees that he/she has enough available hours of service to pick up and complete delivery of the tendered load within the time frames dictated by the BROKER and/or its CUSTOMER(S); without violating FMCSA hours of service regulations contained at 49 C.F.R § 395.

ROYAL3 INC

Carrier Name

944686

Carrier MC #

X

Carrier Representative Signature

Date Signed

**\*IMMEDIATELY FAX A COPY OF THIS SIGNED CONFIRMATION TO \***

# Driver/Carrier Information



Bill To: Logistic Dynamics LLC  
1140 Wehrle Dr.  
Buffalo, NY 14221

Remit POD, BOL and Invoice To:  
payables@shipldi.com  
For Quick Pay, Remit Documents To:  
quickpay@shipldi.com

\*\*\*DRIVER MUST CALL (910) 782-8753 FOR DISPATCH\*\*\*

Load #: 1515348

From: ILYA BATAZHAN | P: (910) 782-8753

Carrier: ROYAL3 INC

Commodity: Rubber gloves

Weight (lbs): 11,500

Insurance Value: \$100,000

Equipment: Van / 53'

Temp: N/A

Pallet Exchange? ☐ Yes ☒ No

Pallets Required #: 0

Team Service: ☐ Yes ☒ No

## Pick Ups

<u>Location</u>	<u>Pickup #</u>	<u>Phone</u>	<u>Date &amp; Time</u>
ANSELL HEALTHCARE C/O DHL 672 TRADEPORT DRIVE BUILDING 5 SUMMERVILLE, SC 29486 Pickup Notes: --- Directions: ---	---		06/18/2024 (10am-8pm)

## Deliveries

<u>Location</u>	<u>P.O. #</u>	<u>Phone</u>	<u>Date &amp; Time</u>
NATIONAL SAFETY APPAREL, INC 10601 MEMPHIS AVE BLDG 12 BROOKLYN, OH 44144 Delivery Notes: --- Directions: ---	---	N/A	06/19/2024 (8AM-4PM FCFS)

\*\*\*DRIVER MUST CALL (910) 782-8753 FOR DISPATCH\*\*\*

# BILL OF LADING

Page: 1 of 1

Date: 06/18/2024

## SHIP FROM

ANSELL C/O DHL SUPPLY CHAIN  
672 TRADEPORT DR  
SUMMERVILLE, SC 29486  
DEA#:

## SHIP TO

NATIONAL SAFETY APPAREL, INC  
10601 MEMPHIS AVE BLDG 12  
Brooklyn, OH 44144

Location#: 4485315-ST

## THIRD PARTY FREIGHT CHARGE BILL TO

Requested Delivery Date: N/A

CARRIER INSTRUCTIONS:

Bill of Lading Number: 22962352



22962352

Load ID: 22962352

Carrier Name: LDYN

Seal number(s): 4159477

SCAC: LDYN

Pro Number:

## Freight Charge

Prepaid ☒ Collect ☐ 3rd Party ☐

☐ Master Bill of Lading with attached underlying Bills of Lading (check box)

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
			(Y) (N)	
SEE ATTACHED SUPPLEMENT PAGE			(Y) (N)	
			(Y) (N)	
			(Y) (N)	
			(Y) (N)	
GRAND TOTAL	82	774		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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(a) of NMFC Item 380	NMFC #	CLASS
64	PL	82	CA	774		Gloves, Workmen_49910_100	49910	100
81		82		1,062		GRAND TOTAL		

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.

Subject to section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Shipper Signature Ansell Date 06/18/2024

## 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 DOT.

*Ansell*

6/18/24

## Trailer Loaded:

☒ By Shipper  
☐ By Driver

## Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

Trailer Number: 22962307

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



Date: 06/18/2024

# BILL OF LADING

Page: 2 of 1

Date: 06/18/2024

## SUPPLEMENT TO THE BILL OF LADING


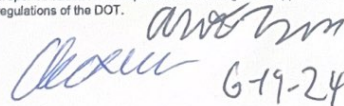

Bill of Lading Number : 22962368

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Bill of Lading Number : 22962368

Page 2

CUSTOMER ORDER NUMBER	CUSTOMER ORDER INFORMATION				
	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
842972-00	10	105	(Y)	(N)	
843884-00	53	537	(Y)	(N)	4485234
844614-00	2	8	(Y)	(N)	4485232
843884-00	1	6	(Y)	(N)	4486584
844614-00	3	27	(Y)	(N)	4486587
844614-00	56	561	(Y)	(N)	4485313
843553-00	16	157	(Y)	(N)	4485229
844723-00	5	46	(Y)	(N)	4485258
GRAND TOTAL	146	1,447			4486586

Date: 06/18/2024				BILL OF LADING		Page: 1 of 1					
<b>SHIP FROM</b> ANSELL C/O DHL SUPPLY CHAIN 672 TRADEPORT DR SUMMERVILLE, SC 29486 DEA#:				<b>Bill of Lading Number: 22962307</b>  22962307 <b>Load ID: 22962307</b>							
<b>SHIP TO</b> NATIONAL SAFETY APPAREL, INC 10601 MEMPHIS AVE BLDG 12 Brooklyn, OH 44144  Location#: 4485266-ST				<b>Carrier Name: LDYN</b>  <b>Seal number(s): 4159477</b>  <b>SCAC: LDYN</b> <b>Pro Number:</b>							
<b>THIRD PARTY FREIGHT CHARGE BILL TO</b>				<b>Freight Charge</b> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>							
<b>Requested Delivery Date: N/A</b>				<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading (check box)							
<b>CARRIER INSTRUCTIONS:</b>											
CUSTOMER ORDER INFORMATION											
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO					
844614-00		156	1529	(Y) (N)		4485266					
				(Y) (N)							
				(Y) (N)							
				(Y) (N)							
				(Y) (N)							
<b>GRAND TOTAL</b>		156	1529								
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT	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(g) of NMFC Item 360		NMFC #	CLASS		
9	PL	156	CA	1,529		Gloves, Workmen_49910_100		49910	100		
9		156		1,961		<b>GRAND TOTAL</b>					
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.						Subject to section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.					
<b>SHIPPER SIGNATURE/DATE</b> <small>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 DOT.</small>  6-19-24 6/18/24						<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		 <b>CARRIER SIGNATURE / PICKUP DATE</b> <b>Trailer Number: 22962307</b> Property described above is received in good order, except as noted. 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.	