



Bill to:
RXO Inc

Invoice Date: 06/20/2024
Invoice #: 15094482
Terms: NET 30
Due Date: 07/20/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/19/2024		1201 N Bluff St, Fulton, MO 65251 - 4600 MARK IV PARKWAY, Fort Worth, TX 76161			
			1	\$1,500.00	\$1,500.00

TOTAL
\$1,500.00

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



LZ15094482

Load Confirmation
15094482

AT1500.00

CARRIER INFORMATION

Carrier	Contact
ROYAL3 INC Chicago, IL 60638	Asta Mijac 6304857370 asta@royal3inc.com

CONTACT INFORMATION

RXO, Inc.	After Hours
Colton Smith 816-912-0054 colton.smith@rxo.com	704-512-0420 internaltrack@rxo.com

PAYMENT

Carrier Pay Breakdown	
LNH Line Haul Flat	\$1500.00
Total Carrier Pay	\$1500.00

Bill To Address

RXO
PO Box 49069
Charlotte, NC 28277

Please refer to section **Paperwork Submission** for options on where to send your Invoice, POD and accessorial receipts (if applicable) for payments

AGREEMENT

Please sign and complete this form to submit as your invoice.

Driver Name	Driver Phone #	Tractor #	Trailer #	Carrier Invoice #
Jose	+17862948129	772	94922	

Signature

Carrier will perform the transportation described in this load confirmation subject to and in accordance with the Motor Carrier Transportation Agreement between Carrier and RXO, Inc. (the "Agreement"), which is incorporated herein by reference. Carrier acknowledges that RXO, Inc.'s customers or shippers may have special requirements for this shipment. By accepting the shipment described in this load confirmation, Carrier agrees to the rates and charges stated in this load confirmation and to special requirements communicated to Carrier by RXO, Inc., its customer or the shipper.

Book loads with RXO Connect

Get real-time access to thousands of available loads.

Sign up



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ORDER INFORMATION

Order #	Total Weight (lbs.)	Equipment	Temp	Reference #
15094482	25905.00	Van	N/A - N/A	BM TX 1

STOP DETAIL

Type	Date/Time	Name and Address	Commodity	Weight (lbs)/Cases/Dims	Reference #
PU	06/19/24 09:00 - 15:00	Walsworth 1201 N Bluff St Fulton, MO 65251	PAPER	25905 (15) Dim: N/A x N/A x N/A	
SO	06/20/24 08:00 - 10:00	North Texas Post Office 951 W BETHEL RD Coppell, TX 75099	PAPER	20411 (12) Dim: N/A x N/A x N/A	
SO	06/20/24 10:00 - 06/21/24 13:00	Fort Worth Post Office 4600 MARK IV PARKWAY Fort Worth, TX 76161	PAPER	5494 (3) Dim: N/A x N/A x N/A	

NOTES

Order Notes

Paperwork must be submitted within 48 hours of delivery

POD required : POD must be received by RXO within 48 hours of delivery

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BOL required : BOL must be received by RXO within 24 hours of delivery

BOL required : BOL for each PO must be signed

BOL required : In and out times must be signed by shipper or consignee

Receipts required for any accessorial reimbursement : Must submit receipts for accessories within 48 hours of delivery to get reimbursement

Receipts required for any accessorial reimbursement : Lumper receipts required

Auto tracking required : Tracking frequency: 30 mins

Auto tracking required : \$ 100 fine if not auto-tracked

Auto tracking required : Not eligible for detention and layover if not tracked

Notify RXO immediately of any issue that will delay delivery

TONU: \$150 : Trailer rejections will not be paid TONU

TONU: \$150 : In order to qualify for tonu, driver must be dispatched by rxo prior to arriving to the shipper

Detention : Grace period hours: 2

Detention : Compensation per hour: \$25

Detention : Max hours reimbursement: 8

Detention : Broker must be notified prior to detention beginning

Detention : Layover after 8 hours

Layover compensation: \$150

Contact RXO if overweight before leaving shipper.

Damaged product must be reported to RXO by driver prior to leaving shipper or receiver.

Any discrepancies must be reported to RXO by driver before leaving facility.

Notify RXO immediately of any rejected material.

Pickup Street address and pickup Reference number will be provided only after auto-tracking update.

Location Notes

INSTRUCTIONS

RXO Requirements

Carriers must provide RXO with timely updates of arrival/departure at all stops and while in transit by utilizing a method of auto tracking or by calling 833-TRAK RXO (1-833-872-5796).

Any discrepancies or incident affecting transportation such as overages, shortages, damages, trailer seal discrepancies, failure of any temperature control equipment or other conditions that may render (or may have rendered) food unsafe during transportation, or detention must be reported immediately. All accessorial charges must be reported within 24 hours of delivery to be reimbursed.

Paperwork Submission

For faster processing, submit your paperwork by Transflo \$Velocity or Transflo Mobile (use RXO broker code of "XPOLV"). Follow instructions@rxo.com. For slower processing, submit your paperwork by email to carrierpaperwork@rxo.com, or by fax to (704) 626-3455.

Please clearly follow the instructions you have been provided to prevent delay in payment.

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RXO offers Quick Pay options for USD and CAD carriers. If interested in getting processed within 2, 7 or 15 days please reach out to Quickpaysetup@rxo.com for additional information. Please note that setup can take up to 15 business days.

RXO offers exclusive discounts through the RXO Extra program. [Click here to check out savings on fuel, maintenance and tires, factoring and more.](#)

Notice of Assignments, Letters of Release and change of address request are to be submitted to carrierpayupdate@rxo.com to be updated. Failure to do so may result in delayed payment.

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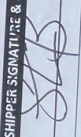
Sign up

[illegible]

BILL OF LADING - DELIVERY ORDER

SHIP FROM		BILL OF LADING NUMBER: 1594482	
Name:	MILLS NORTH	Carrier Name:	ROYALS INC
Address:	1201 N BLUFF ST	Trailer Number:	
City:	FULTON	Seal Number:	
State:	MO	PO Number:	PRO NUMBER
Zip Code:	65251		
SHIP TO			
Name:	FORT WORTH PSD OFFICE		
Address:	4600 MARK OF PASSWAY		
City:	FORT WORTH		
State:	TX		
Zip Code:	76101		
Contact:	RECEIVING		
Phone:	(817) 542-8556		
Hours:	1400-1600		
[PLACE PRO STICKER HERE]			
SPECIAL INSTRUCTIONS			
STOP 2 OF 2			
THIRD PARTY BILL-TO			
Name:	XPO LOGISTICS LLC		
Address:	13777 BALLANTYNE CORP PLACE, STE 400		
City:	CHARLOTTE		
State:	NC		
Zip Code:	28277		
FREIGHT / SHIPMENT DETAIL			
QTY	HAZ	CLASS	WEIGHT
3			3910 LBS
DESCRIPTION OF ARTICLES			
PRINTED MATERIALS			
*** ADDITIONAL SERVICES REQUIRED WHICH ARE NOT SHIPPED ON ROL IN SPECIAL INSTRUCTIONS MUST BE AUTHORIZED PRIOR TO DELIVERY ***			
WHERE THE RATE IS DEPENDENT ON VALUE, SHIPPERS ARE REQUIRED TO STATE EXCEPTED IN THIS AND 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. 14706 (j)(1)(A) and (B)			
Any transportation package and related services provided by XPO Logistics, LLC or its affiliates are subject to the company's Standard Terms and Conditions of Service, which are available at www.xpo.com . The shipper hereby agrees to indemnify, defend, hold harmless and pay the costs of any and all damages, claims, losses, expenses, attorney's fees and costs, including reasonable attorney's fees, incurred by XPO Logistics, LLC or its affiliates, or by request by contacting 1-800-744-7976.			
COD fee: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>		COD amount: \$	
Customer check OK for COD amount? Yes <input type="checkbox"/> No <input type="checkbox"/>			
EMERGENCY CONTACT:		Shipment charges are prepaid unless marked collect: Collect <input type="checkbox"/> \$	
PHONE:		Total Charges:	
NAME:		\$	
Freight counted by:			
Trailer loaded by:		Shipper <input type="checkbox"/> Driver by Pieces <input type="checkbox"/>	
Shipper <input type="checkbox"/> Driver <input type="checkbox"/>		Shipper <input type="checkbox"/> Driver by Pallets <input type="checkbox"/> Driver by Pieces <input type="checkbox"/>	
SHIPPER SIGNATURE & DATE			
Signature: <i>[Signature]</i>		Date: 06/19/24	
CARRIER SIGNATURE & PICK UP DATE			
Signature: _____		Date: _____	

BILL OF LADING - DELIVERY ORDER

SHIP FROM		BILL OF LADING NUMBER: 15094482	
Name:	WALKER	Carrier Name:	ROYAL INC
Address:	1201 N BLUFF ST	Trailer Number:	
City:	FULTON	Seal Number:	
State:	MO	PO Number:	
Country:	SHIPPING		
Phone:	(672) 842-8856		
Hours:	9:00-10:00		
SHIP TO		PRO NUMBER	
Name:	FORT WORTH POST OFFICE	9-pallets on 3-stacks	
Address:	4600 MARK LIPFORD HWY	[PLACE PRO STICKER HERE]	
City:	FORT WORTH	Total = 9 - not 3	
State:	TX		
Country:	RECEIVING		
Phone:	76161		
Hours:			
THIRD PARTY BILL-TO		SPECIAL INSTRUCTIONS	
Name:	XPO LOGISTICS LLC	STOP 2 OF 2	
Address:	13777 BALLANTYNE CORP PLACE, STE 400	P.O. P. Anderson	
City:	CHARLOTTE	6/20/24 - FT. WORTH 760	
State:	NC	uses	
Country:			
Phone:			
Hours:			
QTY	HAZ	CLASS	WEIGHT
3			3910 LBS
FREIGHT / SHIPMENT DETAIL			
DESCRIPTION OF ARTICLES			
PRINTED MATERIALS			
*** ADDITIONAL CHARGES REQUIRED WHICH ARE NOT MARKED ON BOL IN SPECIAL INSTRUCTIONS MUST BE AUTHORIZED PRIOR TO DELIVERY ***			
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:			
NOTE: LIABILITY LIMITATION FOR LOSS OR DAMAGE IN THIS SHIPMENT MAY BE APPLICABLE. SEE 49 U.S.C. 5126(c)(1)(A) and (B)			
Any transportation brokerage and related services provided by XPO Logistics, LLC or its affiliates are subject to the company's Transportation Brokerage Agreement (the "Agreement") which is incorporated herein by reference. The Agreement is available at www.xpo.com or by request by contacting 1-855-744-7176.			
COD fee: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>		COD amount: \$	
EMERGENCY CONTACT:		Customer check OK for COD amount? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PHONE:	NAME:	Shipments charges are prepaid unless marked collect: Collect <input type="checkbox"/> Total Charges: \$	
Trailer loaded by:		Freight counted by:	
Shipper <input type="checkbox"/> Driver <input type="checkbox"/>		Shipper <input type="checkbox"/> Driver by Pallets <input type="checkbox"/> Driver by Pieces <input type="checkbox"/>	
SHIPPER SIGNATURE & DATE		CARRIER SIGNATURE & PICK UP DATE	
 06/19/24			

7/6
BILL OF LADING - DELIVERY ORDER

SHIP FROM		BILL OF LADING NUMBER	
Name:	WALSH WORTH	Carrier Name:	ROYALS INC
Address:	FALCON	Trailer Number:	
City:	MO	Seal Number:	
State:	MO	PO Number:	
Contact:	SHIPPING		
Phone:	(873) 642-3858		
Fax:	1202-590-6100		
SHIP TO		PRO NUMBER	
Name:	NORTH TEXAS LOGISTICS		
Address:	951 W BETHEL RD		
City:	COPELL		
State:	TX		
Contact:	RECEIVING		
Phone:			
Fax:			
SHIP TO			
Name:	KPO LOGISTICS LLC		
Address:	3377 BALLANTYNE CORP PLAZA, STE 400		
City:	CHARLOTTE		
State:	NC		
Zip Code:	28277		
SPECIAL INSTRUCTIONS			
STOP 1 OF 2			
[PLACE PRO STICKER HERE]			
130119 633			
FREIGHT / SHIPMENT DETAIL			
CITY	HAZ	CD45	WEIGHT
IS 5005			22133 LBS
DESCRIPTION OF ARTICLES			
PRINTED MATERIALS			
37 pallets			
63024 Lbs			
ADDITIONAL INSTRUCTIONS: SHIPMENT NOT TO BE UNLOADED UNTIL SPECIAL INSTRUCTIONS HAVE BEEN RECEIVED FROM SHIPPER TO BROWNS			
WHERE THE RATE IS DIFFERENT ON VALUE, SHIPPER IS REQUESTED TO STATE SPECIFICALLY IN WRITING THE AGREED OR DECLARED VALUE OF THE PROPERTY AS FOLLOWS:			
NOTE: LIABILITY LIMITATION FOR LOSS OR DAMAGE IN THIS SHIPMENT MAY BE APPLICABLE. SEE 49 U.S.C. 3706(c)(1)(A) and (B)			
By transportation brokerage and related services provided by KPO Logistics, LLC or its affiliates. The liability for damage to the company's transportation brokerage services is limited to the amount of the "Agreement" which is incorporated herein by reference.			
Customers' respective rights and responsibilities may be found at www.kpologistics.com or by request by contacting 1-855-744-7776.			
COD fee: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>		COD amount: \$	
Customer check OK for COD amount? Yes <input type="checkbox"/> No <input type="checkbox"/>			
EMERGENCY CONTACT:		SHIPMENT CHARGES ARE PREPAID UNLESS MARKED COLLECT: Collect <input type="checkbox"/> \$	
PHONE:		Total Charges:	
Trailer Loaded by:		NAME:	
Shipper <input type="checkbox"/> Driver <input type="checkbox"/>		Freight counted by:	
SHIPPER SIGNATURE & DATE		Shipper <input type="checkbox"/> Driver by Pallets <input type="checkbox"/> Driver by Pieces <input type="checkbox"/>	
SHIPPER SIGNATURE & DATE		CARRIER SIGNATURE & PICK UP DATE	
SHIPPER SIGNATURE & DATE		SHIPPER SIGNATURE & DATE	