



Bill to:
GILTNER LOGISTIC SERVICES, INC
PO BOX 5129,
TWIN FALLS,
ID,
83303

Invoice Date: 12/04/2023
Invoice #: 1096575
Terms: NET 30
Due Date: 01/04/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/02/2023		281 Airtech Parkway, Plainfield, IN, USA - 4027 Martinsburg Pike, Clear Brook, VA, USA			
			1	\$1,600.00	\$1,600.00

TOTAL
\$1,600.00

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



GILTNER LOGISTICS, INC.
DOCS@GILTNER.COM
PO BOX 5129
TWIN FALLS ID 83303

PRO # 1096575 Rate Confirmation

FROM	FROM	DATE	TIME
	SONYA TOMLINSON	12/01/23	14:19:21
FORM	(208) 324-7826 (p)		
	(208) 914-7181 (f)		
TO	TO	ATT	
	ROYAL3 INC	ANDY	
PHONE	PHONE	FAX	
	(630) 485-7370	(630) 485-6980	

PICK UP			
From Address	US DC GEODIS PLAINFIELD 281 AIRTECH PARKWAY	Phone/Contact	(208) 260-4930 SHIPPER
City, State, Zip	PLAINFIELD IN 46168	Ship Date/Time	12/02/23 @ 10:00
Hours	0600-1300	Appt Date/Time	12/02/23 @ 10:00
		Special Inst.	PU# CALL @ SHPR
		Special Inst.	

MC #	DOT #	TRUCK #	TRAILER #	DRIVER	DRIVER CELL	PU REF
944686	2828543	770	H03238	TAMSEN	(646) 705-5833	
SIZE & TYPE		DESCRIPTION		PIECES	WEIGHT	MILES
53 'VAN		AMBIENT		22	44500	

FINAL DESTINATION			
Company Address	MCKESSON MEDICAL 4027 MARTINSBURG PIKE	Phone Contact	(208) 260-4930 RECEIVER
City, State, Zip	CLEAR BROOK VA 22624	Appt Date/Time	12/04/23 03:00 DEL#33328362
Hours	0300-0400	Ref #	PO#33328362

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1600.00	* MUST DELIVER BY 12/04/23 * 53' VAN = AMBIENT - MUST CHECK IN AS GILTNER @ SHIPPER! PICKUP 12/2 @1000 CALL FOR PU# ONCE DRIVER HAS ARRIVED TO SHIPPER / DELIVER 12/04 @0300-0400, DEL#33328362 / MACRO POINT TRACKING REQUIRED / DRIVER MUST WEAR PROTECTIVE MASK WHILE AT THE CUSTOMERS FACILITIES
TOTAL RATE	\$ 1600.00	DEL#33328362 - PO#33328362 / PLEASE CALL (208) 260-4930 FOR ISSUES / DELAYS WHILE OCCURRING - PLEASE ALLOW 3 HOURS AT LOADING / RECEIVING

****ACCESSORIAL RECEIPTS, INCLUDING LUMPERS, MUST BE SUBMITTED WITH ORIGINAL PAPERWORK FOR REIMBURSEMENT. LEGIBLE COPIES MUST BE SENT TO DOCS@GILTNER.COM AND PTGROUP@GILTNER.COM WITHIN 48 HRS OF DELIVERY TO AVOID NON-PAYMENT.**

(Instructions Continue On Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D YYYY

Send Carrier Bills to the Address Above

PRO #

must appear on all Invoices

1096575



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DOCS@GILTNER.COM
PO BOX 5129
TWIN FALLS ID 83303

PRO # 1096575 Rate Confirmation

FROM	FROM	DATE	TIME
	SONYA TOMLINSON	12/01/23	14:19:21
CARRIER	(208) 324-7826 (p)		
	(208) 914-7181 (f)		
	TO	ATT	
	ROYAL3 INC	ANDY	
	PHONE	FAX	
	(630) 485-7370	(630) 485-6980	

*This confirmation governs the shipment/freight movement referenced above as of the date specified and hereby amends, is incorporated by reference, and become part of that certain BROKER-CARRIER agreement executed between BROKER and CARRIER. Carrier agrees to sign and return confirmation viz fax. Carrier shall be in agreement with rates listed on rate agreement and that any change in the rate agreement between BROKER and CARRIER must have subsequent rate agreement issued by BROKER and signed by CARRIER. Rates include all charges including fuel surcharge. A minimum charge of one hundred dollars shall apply to all missed appointments. No detention will be paid at PU or DEL without 'IN AND OUT TIMES' marked on the bills by SHIPPER or CONSIGNEE and prior approval by BROKER. If this shipment is double brokered, the agreement is VOID. 'PLEASE FAX SIGNED CONFIRMATION TO FAX NUMBER LISTED IN UPPER RIGHT HAND CORNER OF PAGE***

****MACROPOINT MUST BE ACCEPTED PRIOR TO LOADING, FAILURE TO ACCEPT MACROPOINT WILL RESULT IN A \$200 FINE AT TIME OF SETTLEMENT****

****ALL CARRIERS MOVING LIQUIDS** IF THE TEMPERATURE FALLS BELOW FREEZING, THE CARRIER MUST PROTECT THE LOAD FROM FREEZING, WHICH WOULD INCLUDE IDLING WHEN PARKED.**

****TRUCKS THAT ARE LATE TO PU/DEL CAN BE SUBJECT TO A LATE FEE****

****TIME SENSITIVE LOAD, IF TRACKING IS INTERRUPTED YOU ARE SUBJECT TO A NO TRACKING FEE****

SHIP FROM

Name: Nestle Healthcare, Inc
Address: 281 AIRTECH PARKWAY STE 101
City/ST/Zip: Plainfield, IN 46168
Phone: (877) .46-3.7853

SID#: 5469132923

FOB: ☐

Master Bill of Lading Number: 00000009000985874

Bill of Lading Number: 00000009000985942



SHIP TO

Name: Mckesson Medical Surgical 07
Address: 4027 Martinsburg Pike
City/ST/Zip: Clear Brook, VA 226241537
Phone: 540 4093400
CID#:

FOB: ☐

CARRIER NAME: (NSLE) Nestle Transportation C
800 Nestle Ct DE KALB,IL.60115-8676 815
7542600

Trailer number: W94923

Seal number(s): 3983509

SCAC:

Pro Number:

833-1241

SEND FREIGHT BILL TO:

Name: Cass Information Systems Inc
Address: PO Box 17643

City/ST/Zip: Saint Louis, MO 631787643

Delivery Requested Date: 12/04/2023

All OS&D should be reported to Unyson Logistics within 48 hrs. Call OS&D @ 888-275-7649
or email NestleOSandD@unysonlogistics.com <<mailto:NestleOSandD@unysonlogistics.com>>

SPECIAL INSTRUCTIONS:

Delivery appointment required for all FTL and LTL loads. FTL load scheduling and rescheduling done in managedreceiving.com by Nestle transportation. Contact mckesson.appointments@us.nestle.com for assistance. LTL load scheduling and rescheduling done by carrier.

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	CUBE	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO PALLET TYPES
33328362	2,100	33,379.96	767.57	Y N	STANDARD 19
GRAND TOTAL	2,100	33,379.96	767.57		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)		
QTY	TYPE	QTY	TYPE				
	PLTS	2,100	CTNS	32,429.96		Foodstuffs, other than frozen	73260 60
19		2,100		33,379.96		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: ☐

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.

Geodis Logistics, LLC

Agent for Shipper

Trailer Loaded: Freight Counted:

☒ By Shipper☐ By Driver☒ 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

Date

Number of Pieces