

**Bill to:**

KENCO TRANSPORTATION MANAGMENT  
2001 RIVERSIDE DR,  
Chattanooga,  
TN,  
37406

Invoice Date: 07/05/2024

Invoice #: BA1099485

Terms: NET 30

Due Date: 08/05/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/03/2024		4011 Highway 417, Woodruff, SC 29388 - 2500 Industrial Blvd Ponca City Distribution Center, Ponca City, OK 74601-2102			
			1	\$2,400.00	\$2,400.00
		broker will reimburse	1	\$195.00	\$195.00

<b>TOTAL</b>
\$2,595.00

**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**



# Carrier Load Tender

**Load  
Number:  
BAI1099485**

**Carrier:** Royal3 Inc (ZFIH)  
**Phone:**  
**Fax:**

**Tender:** 07/01/2024 01:53

**Origin:** VC Spartanburg Commercial DC, 4011 Highway 417 ., Woodruff, SC 29388

**Pickup:** 07/03/2024 08:00 AM - 07/03/2024 17:00 PM

**Destination:** Albertson's Inc. #8720, 2500 Industrial Blvd Ponca City Distribution Center, Ponca City, OK 74601-2102

**Delivery:** 07/05/2024 08:30 AM - 07/05/2024 08:30 AM

**Bill To:** BAUSCH & LOMB AMERICAS, INC,  
C/O KENCO TRANSPORTATION MANAGEMENT, 2001 RIVERSIDE DRIVE CHATTANOOGA, TN  
37406 email: [FreightPayments@kencogroup.com](mailto:FreightPayments@kencogroup.com)

## Services

## Equipment

Truckload

## Items

Item Count	Weight	Class	NMFC
31992.0	15528.064800000002	55.0	

## Stop 1

**Planned:** 07/03/2024 08:00 - 07/03/2024 17:00

VC Spartanburg Commercial DC, 4011 Highway 417, ., Woodruff, SC 29388

Comments:

15,528.06 lb 31992.0 EA

## Stop 2

**Planned:** 07/05/2024 08:30 - 07/05/2024 08:30

Albertson's Inc. #8720, 2500 Industrial Blvd, Ponca City Distribution Center, Ponca City, OK 74601-2102

Comments:

15,528.06 lb 31992.0 EA

## Freight Terms

Description	Rate		Quantity	Charge
Total Line Haul	\$1895.99	Flat Rate		\$1895.99
Fuel Surcharge	\$0.48	Per Mile	1050.03	\$504.01
			<b>Total:</b>	<b>\$2400.0</b>

**Freight Terms:** \$2400.0, Prepaid (15528.064800000002 lb) (1050.03 miles)



# Carrier Load Tender

**Load  
Number:  
BAI1099485**

**Carrier:** Royal3 Inc (ZFIH)  
**Phone:**  
**Fax:**

**Tender:** 07/01/2024 01:53

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**Origin:** VC Spartanburg Commercial DC, 4011 Highway 417 ., Woodruff, SC 29388

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**Pickup:** 07/03/2024 08:00 AM - 07/03/2024 17:00 PM

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**Destination:** Albertson's Inc. #8720, 2500 Industrial Blvd Ponca City Distribution Center, Ponca City, OK 74601-2102

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**Delivery:** 07/05/2024 08:30 AM - 07/05/2024 08:30 AM

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**Bill To:** BAUSCH & LOMB AMERICAS, INC,  
C/O KENCO TRANSPORTATION MANAGEMENT, 2001 RIVERSIDE DRIVE CHATTANOOGA, TN  
37406 email: [FreightPayments@kencogroup.com](mailto:FreightPayments@kencogroup.com)

## References

Reference Type	Reference
Customer PO	600955
Expedited	NO
Temp Controlled	NO
Ship Note	Appt set for 07/05 0830
Delivery Conf#	854944362
SCAC	ZFIH
Dispatch User	Ryan Weeks

## Special Instructions

## Custom Terms and Conditions

Driver is responsible for ensuring that this shipment is properly secured for transport prior to leaving the shipper. Motor carrier must be in compliance with USDOT safety regulations and FDA Food Safety Modernization Act requirements.

Carrier must notify Kenco 30 minutes prior to entering detention at either the shipper or receiver. In and out times must be clearly marked on the BOL by the shipper or receiver. Failure to notify or to clearly note the in and out times on the BOL will result in refusal of detention claims.

Carriers are required to provide tracking for this load through EDI, MacroPoint or manually into the Kenco carrier portal. Failure to successfully monitor the shipment through automation will result in a 10% reduction in the linehaul rate (with a maximum reduction of \$500.) Execution of the load constitutes understanding of this requirement and potential rate adjustment.

Carrier agrees to be liable for any delay costs, late fees, chargebacks, or associated fees that have been passed through from the shipper or consignee and agrees that Kenco Transportation Management, LLC may offset such costs, fees, or charges from any amounts owed to the Carrier. By accepting the load or signing this rate confirmation, Carrier is agreeing to the terms and conditions stated herein.

**Signature:** \_\_\_\_\_

**Remit Signed Copy To:** Kenco Transportation Management  
**Remit Email:** [Ryan.Weeks@kencogroup.com](mailto:Ryan.Weeks@kencogroup.com)  
**Submit Invoice To:** [FreightPayments@KencoGroup.com](mailto:FreightPayments@KencoGroup.com)

KTML

DD-29

USA

## Truck Manifest

Consignee Name	Street Address	BOL Number	PRO Number	Reference Number
		City & State	ZIP	
Pallet Qty	Description	Hazmat	Weight	LTL Class
Albertson's Inc.	2500 Industrial Blvd Ponca City	BAI1099485	KTML04543	
		Ponca City, OK	74601-2102	
21	Solutions, hemodialysis or saline ,o/t intravenous, in drums or in containers in boxes		13022.41 LB	55
	Vitamins / Dietary Supplements		1042.66 LB	70
	Drugs or Chemicals		667.13 LB	400
	LUMIFY Eye Illuminations Lash and Brow serum		260.06 LB	85
	Drugs or Chemicals		110.65 LB	125
	Toilet Preparations or Personal Care Products		321.30 LB	70
<b>SUBTOTALS :</b>	21		15424.20 LB	

**TOTALS :** 21 15424.20 LB

TLR# H 3263

Seq# 00364643

COPY

This is to certify that the above named materials are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the

Agent

Per



Page 1 of 1

Printed: 7/3/2024 1:11:52 PM Eastern



Date: 7/3/2024 1:11:54 PM

## BILL OF LADING

<b>SHIP FROM</b> Name: Bausch & Lomb Incorporated Address: 4011 HWY 417 City/State/Zip: WOODRUFF, SC 29388  FOB:	Bill of Lading Number: BAI1099485  (402) BAI1099485
<b>SHIP TO</b> Name: Albertson's Inc. #8720      Location #: Address: 2500 Industrial Blvd Ponca City Distribution Center City/State/Zip: Ponca City, OK 74601-2102 FOB:	<b>Carrier Name: KTML</b> Trailer Number: DD-29 Seal number(s):  <b>SCAC: KTML</b> Pro Number: KTML04543  KTML04543
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: Bausch & Lomb Incorporated Address: c/o Kenco Transportation Management 2001 Riverside Drive City/State/Zip: Chattanooga, TN 37406	<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u>X</u>
<b>SPECIAL INSTRUCTIONS:</b> Appt set for 07/05 0830	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
600955	1428	15424.20	Y	N	01802935700012102456605
	0	0.00	Y	N	
	0	0.00	Y	N	
	0	0.00	Y	N	
	0	0.00	Y	N	
<b>GRAND TOTAL</b>	1428	15424.20			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
						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 360	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
SEE ATTACHED SUPPLEMENT PAGE								
21		1428		15424.0		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 _____."	<b>COD Amount: \$</b> <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**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.

**Bausch & Lomb Incorporated** (Shipper Signature)

<b>SHIPPER SIGNATURE/DATE</b> 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. <div style="font-size: 1.5em; font-family: cursive;">DT 7-3-24</div>	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input 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> 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: 7/3/2024 1:11:54 PM

## BILL OF LADING

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b>	
Name: Bausch & Lomb Incorporated Address: 4011 HWY 417 City/State/Zip: WOODRUFF, SC 29388			
FOB:			
<b>SHIP TO</b>		<b>Carrier Name: KTML</b>	
Location #:		Trailer Number: DD-29	
FOB:		Seal number(s):	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>SCAC: KTML</b>	
Name: Bausch & Lomb Incorporated Address: c/o Kenco Transportation Management 2001 Riverside Drive City/State/Zip: Chattanooga, TN 37406		Pro Number:	
SPECIAL INSTRUCTIONS: Underlying BOLs: BAI1099485		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u>X</u>	
		<input checked="" type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
600955	1428	15424.20	Y	N	01802935700012102456605
	0	0.00	Y	N	
	0	0.00	Y	N	
	0	0.00	Y	N	
	0	0.00	Y	N	
<b>GRAND TOTAL</b>	1428	15424.20			

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION			
QTY	TYPE	QTY	TYPE			LTL ONLY			
						Commodities requiring special or additional attention on 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			
						SEAL			
						Seal intact unless noted			
						TOTAL CASES RECEIVED			
						CASES OVER			
						CASES SHORT			
						DAMAGED/REJECTED			
						WRONG ITEM/REFUSED			
						Receiver's signature			
21		1428		15424.0		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 \_\_\_\_\_"

Carrier Name	DATE
COD Amount: \$	
Driver's Signature	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.

Bausch & Lomb Incorporated (Shipper Signature)

<b>SHIPPER SIGNATURE/DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input 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> 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.
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