



Bill to:
RXO Inc

,
,
,

Invoice Date: 07/17/2024
Invoice #: 15247808
Terms: NET 30
Due Date: 08/17/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/16/2024		5820 Trade Center Court, Villa Rica, GA 30180 - 21496 Buckingham Rd, Elkhart, IN 46516			
			1	\$1,375.00	\$1,375.00

TOTAL
\$1,375.00

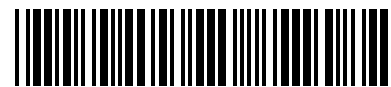
PLEASE NOTE

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



LZ15247808

Load Confirmation
15247808

AT1375.00

CARRIER INFORMATION

Carrier	Contact
ROYAL3 INC Chicago, IL 60638	ANDY SKORIC 6304857370 dispatch@royal3inc.com

CONTACT INFORMATION

RXO, Inc.	After Hours
William Christian 943-343-6743 William.Christian@rxo.com	(678) 971-0609 GDRY3@rxo.com

PAYMENT**Carrier Pay Breakdown**

LNH | Line Haul | Flat \$1375.00

Total Carrier Pay **\$1375.00****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 #
JORGE	19542755350	915	251822	

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.

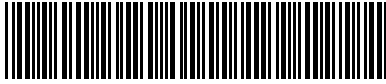
Book loads with RXO Connect

Get real-time access to thousands of available loads.

Sign up



CREATED 07/16/24 10:08



LZ15247808

Load Confirmation
15247808

AT1375.00

ORDER INFORMATION

Order #	Total Weight (lbs.)	Equipment	Temp	Reference #	
15247808	42000.00	Van - 53 Feet	N/A - N/A	BM	0003434716
				MB	0032886006484 2021
				EMM	690.2
				RE	000001903
				PH	VAN

STOP DETAIL

Type	Date/Time	Name and Address	Commodity	Weight (lbs)/Cases/Dims	Reference #
PU	07/16/24 10:00	SW RETAIL EAST CSC 5820 TRADE CENTER COURT Villa Rica, GA 30180	METAL PRODUCTS	42000 (1) Dim: N/A x N/A x N/A	SI 0003434716 QN 01 OQ 0880339554 SI 6484202 LM 690.2
SO	07/17/24 06:30 - 14:30	RANGER DISTRIBUTION INC 21496 BUCKINGHAM RD Elkhart, IN 46516	METAL PRODUCTS	42000 (1) Dim: N/A x N/A x N/A	SI 0003434716 QN 02 OQ 0880339554 LM 690.2

NOTES

Order Notes

The COVID-19 outbreak has caused disruption within the supply chain and driven heightened awareness and action around prevention and risk mitigation. RXO expects that all service delivery providers are vigilant in their efforts to mitigate risk to their employees, our clients and the end consumer. Please review and follow all guidelines posted by the National Institutes of Health (www.nih.gov) and Centers for Disease Control (www.cdc.gov) during this shipment.

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Driver must introduce them self as an RXO driver. The driver must provide a thumb print and a copy of their CDL. All seals must be reported after loading is complete. Any and all delays must be reported immediately. Must have wood floor. No reefers.

Paperwork must be submitted within 48 hours of delivery

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

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: 4

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.

Driver and dispatcher are to follow policies and procedures outlined on the high value HVHR addendum

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**

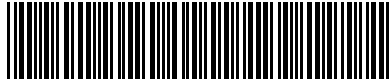
Carriers must provide RXO with timely updates of arrival/departure at all stops and while in transit by utilizing a method of auto tracking or by calling 833-TRAK RXO (1-833-872-5796).

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.

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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.

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.](#)



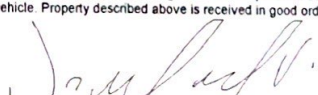
Notice of Assignments, Letters of Release and change of address request are to be submitted to carrierpayupdate@rxo.com to be updated. Failure to do so may result in delayed payment.




Book loads with RXO Connect

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Sign up

Date: 07/16/2024		BILL OF LADING				Page 1 of 1			
<small>This Bill of Lading is hereby incorporated by reference into the Transportation Agreement by and between Southwire Company, LLC and Carrier (the "Transportation Agreement") and shall be governed and construed in accordance with the terms set forth therein.</small>									
SHIP FROM					Bill of Lading : 00328860064842021				
Name : Southwire Retail East CSC									
Address : 5820 Trade Center Court									
City/State/Zip : Villa Rica GA 30180									
Phone : 770-832-5954									
Email : retailshipping@southwire.com					SID# : 6484202				
SHIP TO					TMS ID : 0003434716				
Name : RANGER DISTRIBUTION INC					Carrier Name : XPO LOGISTICS INC				
Address : 21496 BUCKINGHAM RD					Trailer Number : 251822				
City/State/Zip : ELKHART, IN, 46516					Seal Number : 60830466				
THIRD PARTY FREIGHT CHARGES BILL TO:					SCAC : XPOL				
Name :					Pro Number : 6484202				
Address :									
City/State/Zip :									
SPECIAL INSTRUCTIONS:					Freight Charge Term: Prepaid: <input checked="" type="checkbox"/>				
					(freight charges are prepaid unless marked otherwise) Collect: <input type="checkbox"/>				
					3rd Party: <input type="checkbox"/>				
					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (checkbox)				
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NO.		# PKGS		WEIGHT		PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
8451-00						Y N		PL# 880339554,	
						Y N		ShpToPhone:574-891-4994	
						Y N		RECEIVING HOURS ARE 6:30AM TO	
						Y N		2:30PM MONDAY-FRIDAY	
						Y N			
GRAND TOTAL									
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE				COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350		NMFC #	CLASS
		648		39908		CU Cable or Wire		30310-2	70
24		648		40748 LB		GRAND TOTAL			
<small>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 _____."</small>									
NOTE Liability Limitaion for loss or damage in this shipment may be applicable. See 49 U.S.C 14706(c)(A) and (B)									
<small>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.</small>						<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>			
SHIPPER SIGNATURE/ DATE <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 Department of Transportation</small>						Trailer Loaded: Freight Counter: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		CARRIER SIGNATURE/ PICKUP DATE <small>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. Property described above is received in good order except as noted.</small>	
						<input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			

Date: 07/16/2024		BILL OF LADING				Page 1 of 1	
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Name : Southwire Retail East CSC Address : 5820 Trade Center Court City/State/Zip : Villa Rica GA 30180 Phone : 770-832-5954 Email : retailshipping@southwire.com					SID# : 6484202 TMS ID : 0003434716		
SHIP TO					Carrier Name : XPO LOGISTICS INC Trailer Number : 251822 Seal Number : 60830466 SCAC : XPOL Pro Number : 6484202		
Name : RANGER DISTRIBUTION INC Address : 21496 BUCKINGHAM RD City/State/Zip : ELKHART, IN, 46516							
THIRD PARTY FREIGHT CHARGES BILL TO:							
Name : Address : City/State/Zip :					Freight Charge Term: Prepaid: <input checked="" type="checkbox"/> <small>(freight charges are prepaid unless marked otherwise)</small> Collect: <input type="checkbox"/> 3rd Party: <input type="checkbox"/>		
SPECIAL INSTRUCTIONS:					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(checkbox)</small>		
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NO.		# PKGS		WEIGHT		PALLET/SLIP (CIRCLE ONE) Y N	
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SHIPPER SIGNATURE/ DATE <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 Department of Transportation</small>				Trailer Loaded: Freight Counter: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE/ PICKUP DATE <small>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. Property described above is received in good order except as noted.</small> 