



**Bill to:**  
Schneider Shipment Tender  
,  
,  
,

Invoice Date: 08/02/2024  
Invoice #: SL214871976  
Terms: NET 30  
Due Date: 09/02/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/31/2024		1 UPS Way, Champlain, NY - 12919-4524 USA - 6565 North Brady Street, Davenport, IA - 52806 USA			
			1	\$1,925.00	\$1,925.00

<b>TOTAL</b>
\$1,925.00

**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**



# Schneider Shipment Tender

<https://schneider.com/carriers>

Schneider's customers require that carriers provide electronic Shipment status updates via EDI, ELD connectivity, mobile app tracking, or other electronic method for Shipment status. All loads without successfully accepted electronic tracking will be subject to rejected accessorial payment (including, but not limited to: labor, detention, layover charges, etc.). Receipts will be required for payment verification, even when electronic tracking was successfully accepted.

Approved mobile app tracking solutions:



**Shipment ID :** SL214871976

**Tender Sent :** 07/30/2024 08:35

**Shipment Distance :** 1050.0

**Carrier Pro # :**

**Transport Mode :** TRUCKLOAD

**Total Weight :** 2,631 lb

**Carrier SCAC :** RIKN

**Transport Type :** Solo

**Carrier :** BRZ

**Broker Contact :** Karry Rogers

**Email :** RogersK@schneider.com

**After Hours Contact :** 855-476-4786

**Online Carrier Check-In:**



**Equipment Options :** 53 FT Dry Van (TF:5300)

**Special Services :**

**Work Assignment Notes :** Pickup: Dedicated truckload only. Straight load pallets only. Delivery: Please check in with receiving office located between doors K & L when you arrive, they will assign you a dock door. Open Monday - Friday 7:00am - 2:30pm FCFS. Please contact your dispatch for the gate code if you are delivering outside of our standard business hours.

## Pickup Information

**Location :** Jack Victor Ltd, 1 UPS Way, Champlain, NY - 12919-4524 USA

**Contact:** Troy Lapoint, Phone: +15183894174, Email: fdelacruz@jackvictor.com,

**Appointment Window :** From : 07/31/2024 14:00 To : 07/31/2024 14:00

**Item Details:**

Description	Qty	UOM	Weight	Dim (L x W x H)	Class	NMFC	Hazmat	Stack	Temperature Range
Clothing	14	PLT	2,631 lb	0 x 0 x 0				NO	

**References :** RIKN (SCAC), Jack Victor 353247 (MASTER BILL OF LADING), Jack Victor 353247 (Drop), XBSRG1F1C (Quote), Von Maur (Pickup), FPS (Control)

**Special Instructions:** NO SPECIAL INSTRUCTIONS

## Delivery Information

**Location :** Von Maur DC, 6565 North Brady Street, Davenport, IA - 52806 USA

**Contact:** Sarah Conger, Phone: +15633882260, Email: logismgr@vonmaur.com,

**Appointment Window :** From : 08/02/2024 07:00 To : 08/02/2024 14:30

**Item Details:**

Description	Qty	UOM	Weight	Dim (L x W x H)	Class	NMFC	Hazmat	Stack	Temperature Range
Clothing	14	PLT	2,631 lb	0 x 0 x 0				NO	

**References :** RIKN (SCAC), Jack Victor 353247 (MASTER BILL OF LADING), Jack Victor 353247 (Drop), XBSRG1F1C (Quote), Von Maur (Pickup), FPS (Control)

**Special Instructions:** NO SPECIAL INSTRUCTIONS



# Schneider Shipment Tender

<https://schneider.com/carriers>

To : BRZ  
Schneider Shipment ID : SL214871976

Broker Name : Karry Rogers

\*\*\* Invoice will not be paid without proper paperwork \*\*\*

The following should be included with your invoice:

Bill Of Lading #, Piece Count, Weight, Consignee Signature, Shipper and Consignee Info, including Postal Code, and Schneider Shipment ID.  
Shipment ID must be in the upper right hand corner of all shipment bills.  
Must attach and send in this Schneider Shipment Tender rate contract with invoice.

## AGREED TO RATE

Total Line Haul	1925.00	Date : 07/30/2024 08:35
Total	\$ 1925.00 USD	Schneider Shipment ID : SL214871976 (Shipment ID must be on the invoice)

### Additional Rate Information

1. Unless otherwise approved by Schneider, the above rate includes all stop-off charges, fuel surcharges, loading, unloading, etc. This rate cannot be changed, modified, or supplemented by reference to any other rates, rules, classification, schedule, or tariff without Schneider's written permission.
2. Any accessorial not listed above (including, but not limited to, labor, detention, layover charges, etc.) must be pre-approved by Schneider; failure to obtain pre-approval will result in non-payment. Driver detention times charges must be clearly noted on the bill of lading and may only be authorized on electronically tracked Shipments (Schneider's customers require electronic tracking for Shipment updates). Receipts must be provided for any third-party (e.g., lumper) charges. Supporting documentation must be provided within thirty (30) days of services rendered, or reimbursement may be denied.

### Additional Requirements

1. Schneider does not dispatch the driver. Carrier retains sole control and authority over the driver in all respects including, without limitation, dispatching, routes taken, reference numbers, and service expectations.
2. Carrier is required to adhere to all appointment times set by the Customer (and, if requested by the Customer, ensure that the driver has the necessary technology to provide (and agrees to provide) tracking of the Shipment via mobile app technology).
3. Brokerage of this Shipment by Carrier is prohibited. Any brokerage will void Schneider's obligation to pay Carrier.
4. Carrier's dispatch personnel must notify Schneider immediately of any Shipment related issues that will, or are reasonably likely to, cause Carrier to miss the scheduled pick-up or delivery appointment time. Carrier must contact Schneider (do not call the customer) at 855 476 4786 with any Shipment related concerns.
5. Carrier shall not break the seal, partial the Shipment, or move the Shipment via rail without written consent from Schneider. This will result in non-payment, a claim and/or legal action per the terms of the Master Transportation Agreement.
6. Carrier will require the driver to scale Shipment prior to departing shipper. Carrier is responsible to ensure the Shipment is safe and of legal weight for transit.
7. If Carrier's cargo or automobile insurance policy contains a schedule of covered vehicles or equipment, Carrier will not transport this Shipment using a vehicle and/or equipment that is not listed as scheduled on Carrier's cargo insurance policy, and Carrier's cargo policy must not exclude from coverage any commodities or cargo transported in this Shipment.
8. If this Shipment involves travelling in the State of California, all equipment utilized by Carrier must meet California Air Resources Board Regulations including, without limitation, the Truck and Bus Rule. By accepting this tender, Carrier represents that it's equipment will comply with such requirements.

### Agreement to be Bound

Carrier has read this entire Shipment tender. By accepting this Shipment Tender and transporting the Shipment (even without a signature on this Shipment Tender), Carrier agrees it is bound to, and agrees to comply with, all statements, special services, work assignments, terms and conditions, and other requirements contained herein. In addition to the terms contained in this Shipment Tender, this Shipment shall be governed by the terms and conditions of the Master Transportation Agreement between Broker and Carrier, which are deemed incorporated herein.



# Schneider Shipment Tender

<https://schneider.com/carriers>

To : BRZ  
Schneider Shipment ID : SL214871976

Broker Name : Karry Rogers

## Invoice Instructions

1. Submit detailed invoice with Schneider Shipment ID, Proof Of Delivery, Shipment Tender, and all applicable paperwork to Transflo Velocity (<https://www.transflo.com/transflo-velocity-scanning/>).
2. Carrier must send Schneider all required paperwork for this shipment, as stated above, no later than 180 days from the date of confirmed delivery or Carrier will not be paid for the shipment.

### **30 DAY:**

<https://www.transflo.com/transflo-velocity-scanning/>  
Transflo Broker ID: SLCYV  
E-mail: SchneiderPay@e-transflo.com

**TRANSFLO** Velocity

### **QUICK PAY PROGRAM:**

<https://www.transflo.com/transflo-velocity-scanning/>  
Transflo Broker ID: SLCYVQP  
E-mail: STMQuickPay@e-transflo.com

## **All Carrier payments are now processed through TriumphPay.com.**

Please register online in order to receive payments:

1. Go to <https://secure.triumphpay.com>
2. Register your company
3. Connect with Schneider Enterprise Resources
4. Add your payment information
5. Control your money!
6. Send Notice of Assignment/Release letters to:  
[schneider@noa.triumphpay.com](mailto:schneider@noa.triumphpay.com)



**Get Paid Now!**

Login to TriumphPay.com to take advantage of our  
2 Business Day Quick Pay - 2% fee

JULY 31, 2024

## BILL OF LADING

Page 1 OF 1

<b>SHIP FROM</b>		Bill of Lading Number: 07742600005278053
Name:	JACK VICTOR LTD. C/O UPS-SCS	
Address:	ONE UPS WAY	
City/State/Zip:	CHAMPLAIN, NY, 12919	
DUNS:	900429960	FOB: <input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: SCHNEIDER ✓
Name:	VON MAUR - DISTRIBUTION CENTER	Trailer number: 94931
Address:	6565 BRADY STREET	Seal number(s): 089096
City/State/Zip:	DAVENPORT, IA, 52806	SCAC: SCNN
FOB: <input type="checkbox"/>		Pro number: _____
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
Name:		
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS: CONFIRMATION: SL214871976		
Freight Charge Terms: (freight charges and prepaid unless marked otherwise)		
Prepaid _____ Collect <input checked="" type="checkbox"/> 3rd Party _____		
<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading		

CUSTOMER PO NUMBER		CUSTOMER ORDER INFORMATION		ADDITIONAL SHIPPER INFO	
		# PKGS	WEIGHT (LBS)	PALLET/SLIP (CIRCLE ONE)	
PO# 353204	DEPT# 970	3	100	(Y) N	
PO# 353169	DEPT# 970	2	50	(Y) N	
PO# 353248	DEPT# 973	1	45	(Y) N	
PO# 353202	DEPT# 970	2	65	(Y) N	
PO# 353154	DEPT# 970	1	45	(Y) N	
PO# 356396	DEPT# 973	3	115	(Y) N	
PO# 353247	DEPT# 973	31	760	(Y) N	
PO# 353153	DEPT# 970	25	740	(Y) N	
PO# 353168	DEPT# 970	23	568	(Y) N	
PO# 358301	DEPT# 970	9	68	(Y) N	
PO# 358302	DEPT# 973	4	75	(Y) N	
		104	2631		

HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT (lbs)	H.M. (X)	NMFC #	CLASS
		104	BOX	2631		49880 S3	250
			BOX			49880 S3	100
14	Skid						
		104		2631			
				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: ☐

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.

Shipper Signature

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

FE DELA CRUZ, JULY 31, 2024  
TEL: 514-865-4891 EXT. 270

## Trailer Loaded:

☒ By Shipper  
☐ By Driver

## Freight Counted:

☐ By Shipper  
☐ By Driver/pallets said to contain

☒ By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required documents, verified emergency response information was made available in driver's possession and the DOT emergency response guidebook or equivalent information is in the vehicle.

7-31-24  
MILTON SAMPAIO



JULY 31, 2024

## BILL OF LADING

Page 1 OF 1

<b>SHIP FROM</b>				<b>SHIP TO</b>				<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name: JACK VICTOR LTD. C/O UPS-SCS				Name: VON MAUR - DISTRIBUTION CENTER				Name:			
Address: ONE UPS WAY				Address: 6565 BRADY STREET				Address:			
City/State/Zip: CHAMPLAIN, NY, 12919				City/State/Zip: DAVENPORT, IA, 52806				City/State/Zip:			
DUNS: 900429960				DUNS:				DUNS:			
FOB: <input checked="" type="checkbox"/>				FOB: <input type="checkbox"/>				FOB: <input type="checkbox"/>			
Bill of Lading Number: 07742600005278053				CARRIER NAME: SCHNEIDER <input checked="" type="checkbox"/>				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
				Trailer number: 94931				Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>			
				Seal number(s): 089096				Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>			
				SCAC: SCNN							
				Pro number:							
SPECIAL INSTRUCTIONS: CONFIRMATION: SL214871976											
<b>CUSTOMER ORDER INFORMATION</b>											
CUSTOMER PO NUMBER		# PKGS	WEIGHT (LBS)	PALLET/SKID (CIRCLE ONE)		ADDITIONAL SHIPPER INFO					
PO# 353204	DEPT# 970	3	100	<input checked="" type="radio"/>	<input type="radio"/>						
PO# 353169	DEPT# 970	2	50	<input checked="" type="radio"/>	<input type="radio"/>						
PO# 353248	DEPT# 973	1	45	<input checked="" type="radio"/>	<input type="radio"/>						
PO# 353202	DEPT# 970	2	65	<input checked="" type="radio"/>	<input type="radio"/>						
PO# 353154	DEPT# 970	1	45	<input checked="" type="radio"/>	<input type="radio"/>						
PO# 356396	DEPT# 973	3	115	<input checked="" type="radio"/>	<input type="radio"/>						
PO# 353247	DEPT# 973	31	760	<input checked="" type="radio"/>	<input type="radio"/>						
PO# 353153	DEPT# 970	25	740	<input checked="" type="radio"/>	<input type="radio"/>						
PO# 353168	DEPT# 970	23	568	<input checked="" type="radio"/>	<input type="radio"/>						
PO# 358301	DEPT# 970	9	68	<input checked="" type="radio"/>	<input type="radio"/>						
PO# 358302	DEPT# 973	4	75	<input checked="" type="radio"/>	<input type="radio"/>						
		104	2631								
<b>CARRIER INFORMATION</b>											
HANDLING UNIT		PACKAGE		WEIGHT (lbs)	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY			
QTY	TYPE	QTY	TYPE					NMFC #	CLASS		
		104	BOX	2631		MENS CLOTHING ON HANGERS		49880 S3	250		
			BOX			MENS CLOTHING NOT ON HANGERS		49880 S3	100		
14	Skid										
		104		2631		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: <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 be liable for delivery of this shipment without payment of freight and all other charges.					
SHIPPER SIGNATURE / DATE				Trailer Loaded:		Freight Counted:		SHIPPER SIGNATURE			
This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.				<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain		CARRIER SIGNATURE / PICKUP DATE			
FE DELA CRUZ, JULY 31, 2024 TEL: 514-866-4891 EXT 270								7-31-24			

Dee Denny

8-2-24

subject to count &amp; inspect

MILTON SAMPAIO