

Rate & Load Confirmation



Dispatcher:	Jason H	LOAD #	20753
Phone #:	469-242-8588	Ship Date:	2024-08-17
Fax #:		Today's Date:	2024-08-14
Email:	jhenry@aeronet.com		
W/O:	111172467		

Carrier	Phone #	Fax #	Equipment	Agreed Amount	Load Status
Riki Transportation Inc dba BRZ	708-303-5150 x112		53' Van	\$2,200.00 USD	Open

Shipper 1	Date:	2024-08-17	Purchase Order #:	PU# 15260799 / Release 60
Church & Dwight Green River 325 Alchem Rd. Green River, WY, 82935 Phone: 307-872-8150	Time:	10:00	Major Intersection:	
	Type:		Shipping Hours:	
	Quantity:	19	Appointment:	No
	Weight:	42693 lbs	Description:	
	Notes:	Dedicated Truckload - Must advise ETA to PU. Shipper is very particular about trailer cleanliness as this is a medical product. Ensure trailer is swept out and clean or they will refuse loading.		

Consignee 1	Date:	2024-08-19	Purchase Order #:	DEL# 67992
Shipper's Warehouse 1005 W Wintergreen RD Hutchins, TX, 75141	Time:	09:00	Major Intersection:	
	Type:		Receiving Hours:	
	Quantity:		Appointment:	No
	Weight:	lbs	Description:	
	Notes:	Driver must deliver ONLY at the time listed above, any attempt to delivery early will result in \$250 PENALTY - LEGIBLE POD must be sent directly after delivery.		

Dispatch Notes:

Driver must call when loaded and unloaded failure to call may result in a \$50 deduction from carrier pay. ART requires two location updates daily by 9am (CST) and 4pm while in transit. After picking up the driver must drive for a minimum of 150 miles without stopping. Please call dispatch immediately with any unforeseen delays or complications in transit. All loads tendered by Aeronet Road Transport are for exclusive trailer use unless otherwise stated in the load notes. Any additional freight loaded onto the trailer at any time will result in a complete nonpayment. Late delivery or late pick up may result in a \$500 per day fine. This fine may be excused with repair receipts. Detention Is billed after 4 hours at a \$35 an hour rate, not to exceed \$250 in a 24-hour period.

All drivers must accept and maintain Macropoint throughout the duration of the trip.

All POD's must obtain a signed & Printed name of reciever or a \$50 fee can be charged for illegible receiver signatures.

Driver must send a legible picture of the POD before leaving consignee. A \$25 per day fee will be charged for no POD.

Send invoice & signed BOL to trkinvoices@aeronet.com for payment.

Carrier Pay: Line Haul: \$2200.00, **TOTAL: \$2200.00 USD**

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Accepted By: Jim Dujanovic Date: 08/14/2024 Signature: *Jim Dujanovic*

Driver Name: Jose Cell #: (201) 640-7590 Truck #: 824 Trailer #: PTLZ244742



INVOICE

BILL TO:
AERONET INC
42 CORPORATE PARK SUITE 100
IRVINE, CA 92606

INVOICE DATE: 08/19/2024
INVOICE #: 20753
TERMS: NET 30
DUE DATE: 09/19/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/17/2024		325 Alchem Rd. Green River, WY, 82935 - 1005 W Wintergreen RD Hutchins, TX, 75141			
		Freight Income	1	\$2,200.00	\$2,200.00

TOTAL
\$2,200.00

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

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Dw052

Date: 8/17/2024

Bill of Lading

SHIP FROM Name: Church & Dwight Co., Inc. Address: 325 ALCHEM RD City/State/Zip: GREEN RIVER, WY 82935 SID# 8005860514 <input type="checkbox"/> FOB		Bill of Lading Number: 8005860514 Lot #WW4223 Part # 55-4426 Product code: 20506191 <small>8005860514</small> Carrier Name: PICK-UP ONLY Trailer Number: 244742 Seal Number(s): 0225769 SCAC: ZZZZ PRO NUMBER:	
SHIP TO Name: FRESENIUS MEDICAL CARE NORTH A Address: 5201 REGENT BLVD. City/State/Zip: IRVING, TX 75063 CID# <input type="checkbox"/> FOB			
THIRD PARTY FREIGHT CHARGES BILL TO Name: Address: City/State/Zip:		Freight Charge Terms: <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> Third Party <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading	

If necessary for CPSIA 2008 General Certificate of Conformity information, please refer to: <http://www.churchdwight.com/cpsc/certificates>
SPECIAL INSTRUCTIONS:

[[REQUEST DELIVERY ON 08/16/2024]] RECEIVING BY APPOINTMENT: 5:30AM-2:30PM MON-FRI FRESENIUS PO# AND LINE ITEM # MUST BE PROVIDED TO SET THE APPT EMAIL FOR APPT: Oscar.Alonso@freseniusmedicalcare.com and ml-irving_warehouse@fmc-na.com BACKUP CONTACT: Sheila.delacueva@freseniusmedicalcare.com PLEASE EMAIL COA'S TO: ML-irvingQS@fmc-na.com MUST USE HIGH SECURITY TRUCK SEAL

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP (Circle One)	ADDITIONAL SHIPPER INFORMATION			
4511471481 REL60			19	42693 lbs	(Y) N Y N	Ord# 0015260799			
GRAND TOTALS			19	42693 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC#	CLASS	
19		19	SK	41933 lbs		Sodium Bicarbonate	46220 02	55	
19	H			760 lbs		PALLET/SLIP			
19		19		42693 lbs	GRAND TOTALS (Weight in lbs)				
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						For Freight Collect Shipments, if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges. Signature of Shipper			

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.

Rosemarie Lopez 8/19/24
Shipper Signature

SHIPPER SIGNATURE / DATE <small>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.</small> <i>Don</i>	Trailer Loaded <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / pallets <input type="checkbox"/> By Driver / Pieces	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required permits. Carrier certifies emergency response information was made available and carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> X 15260799 - 14.33 8/17/24 X Jose Pajaredo
	ADI SmartBOX Enterprise v10.2.9		

67992
9:00 AM
MISC