

MoLo Solutions, LLC  
Attn: Purch Trans A/P  
PO Box 10048  
Fort Smith, AR 72917-0048



Send tracking updates by email:  
**tracking@shipmolo.com**  
Call or Text:  
**+1 (847) 306-3557**

Contact your MoLo rep, Will Dixon  
**Email:** will.dixon@shipmolo.com  
**Phone:** +18479257976  
**Questions?** Call MoLo at: +1 (847) 306-3557

## Rate Confirmation

### Route # 2001634841

**Mode:** Truck  
**Size:** FTL  
**Route Type:** OTR  
**Distance:** 649 Miles  
**# of Stops:** 2

Origin

**WASHINGTON, NC 27889**

Destination

**Murfreesboro, TN 37127**

**Date:** 8/22/2024

**Equipment:** Van 53

**Expected Min Temp:**

**Expected Max Temp:**

**Temp Setting:**

**Carrier:** Riki Transportation Inc.

**MC#:** 086875

**DOT#:** 3119062

**Contact:** STEVE TATUM

**Phone:** +1 7083035150

**Email:** STEVE@RTBRZ.COM

**Total Rate:** \$1,100.00 USD

#### Notes:

#### Route Refs:

#### Vendor Refs:

#### If this is a Temperature Controlled Shipment Please Follow These Guidelines:

Run all reefers on continuous unless specific written instructions are given to do otherwise. Run reefer at the temperature on BOL. If no temperature on BOL, please call +1 (847) 306-3557 for instructions.

### Stop 1 – Pick Up

IDX IMPRESSIONS  
234 SPRINGS ROAD,  
**WASHINGTON, NC 27889**

**Date/Time:** 8/22/2024 10:00 - 14:00

**Scheduling:** Appointment

**Loading Type:** Live

**Pallet Count:** 0

#### Special Reqs:

<b>PU #:</b> LD002717201 <b>PU #:</b> SN522620 <b>PO #:</b> SN522620  <b>Work:</b> No Touch	
<b>Pick Up Instructions:</b>	
<b>Facility Notes:</b>	

Commodity Details													
Handling Unit		Pieces		Hazmat	Description	Dimensions	OD	Temp Control	Temp Setting	Pre-Cool To	Min° Temp	Max° Temp	Weight
Qty	Type	Qty	Type										
14		0		No	Store Fixtures		No	No					21,000 lb
Additional Details   Load On: Pallet													
Total HU: 14				Total Pcs: 0			Total Cmdty: 1			Total Wgt: 21000 lb			

Stop 2 – Delivery	
STORE OPENING SOLUTIONS 606 Butler St, <b>Murfreesboro, TN 37127</b>  <b>Date/Time:</b> 8/23/2024 13:00 <b>Scheduling:</b> Appointment <b>Loading Type:</b> Live <b>Pallet Count:</b> 0  <b>PU #:</b> LD002717201 <b>PU #:</b> SN522620 <b>PO #:</b> SN522620  <b>Work:</b> No Touch	<b>Special Reqs:</b>
<b>Delivery Instructions:</b> ***CVS DELIVERIES*** !!!DRIVER MUST BE ON TIME TO DELIVERY!!!  EACH CVS DC HAS THE RIGHT TO REFUSE DRIVER'S FOR WHICHEVER REASON. IF DRIVER IS 30MINS - 1 HR LATE, A NEW DEL REQ NEEDS TO BE SENT. CVS DC RESCHEDULES CAN TAKE SEVERAL DAYS TO COME BACK AND CAN BE PUSHED OUT UP TO A WEEK. IF CARRIER IS AT FAULT FOR MISSING DEL APPT NO ADDITIONAL COMPENTSATION WILL BE APPROVED AT CARRIER'S EXPENSE.	
<b>Facility Notes:</b>	

Commodity Details
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Handling Unit		Pieces		Hazmat	Description	Dimensions	OD	Temp Control	Temp Setting	Pre-Cool To	Min° Temp	Max° Temp	Weight
Qty	Type	Qty	Type										
14		0		No	Store Fixtures		No	No					21,000 lb
Additional Details   Load On: Pallet													
Total HU: 14				Total Pcs: 0			Total Cmdty: 1			Total Wgt: 21000 lb			

<div> <div>Carrier Cost</div> <div>Date: 08/22/2024 08:52 CST</div> </div>				
Cost Type	Currency	Cost Per	Units	Total Cost
Flat Rate	USD	\$1,100.00	1	\$1,100.00
Total Cost				\$1,100.00

THIS LOAD CONFIRMATION IS SUBJECT TO THE TERMS OF THE AGREEMENT FOR MOTOR CONTRACT CARRIER SERVICES ("AGREEMENT") PREVIOUSLY EXECUTED BETWEEN OUR COMPANIES AND THIS CONSTITUTES AN ADDENDUM TO THE TERMS OF THAT AGREEMENT. WE AGREE TO PAY THE RATES AND CHARGES SHOWN ABOVE AND NO DIFFERENT TARIFF RATE OR SCHEDULE OF RATES APPLY. THIS LOAD CONFIRMATION IS INCLUSIVE OF ALL CHARGES. UNLESS ORAL AND WRITTEN FAX OBJECTIONS ARE MADE TO ITS TERMS, AT THE EARLIER OF WITHIN TWENTY-FOURS (24) HOURS OF RECEIPT OR PRIOR TO WORK BEING INITIATED, YOU HAVE AGREED TO THESE TERMS.

Signed in/out times and all accessorial or lump sum receipts must be submitted within 24 hours or they will not be reimbursed. SEAL MUST BE INTACT AT DELIVERY, DRIVER MUST RESEAL TRAILER AFTER EACH STOP OR LOAD MAY BE REJECTED.

Unless MoLo Solutions provides written notice that this term does not apply to this shipment,

Carrier's motor vehicle equipment shall be dedicated to Broker's exclusive use while transporting the freight tendered pursuant to MoLo Solutions's Broker Carrier Agreement and this Load Confirmation. Carrier's violation of this requirement shall result in Carrier's forfeiting its right to be paid for the transportation services contemplated by this Load Confirmation as liquidated damages, and may result in a claim

Pursuant to MoLo Solutions' Broker Carrier Agreement, Carrier will provide an amount of cargo insurance coverage sufficient to cover the loss or damage of any commodities and cargo carried. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried on this order. If Carrier's cargo insurance policy contains a schedule of covered vehicles, Carrier will not transport any cargo on this shipment using a vehicle that is not listed as a scheduled vehicle on Carrier's cargo insurance policy. Trailer must be clean, dry and odor free. Food grade trailer is required for all food shipments and Carrier must be in full compliance with the Food Safety Modernization Act (FSMA) if applicable. Driver must make sure trailer is sealed and document seal number. Carrier agrees that in transportation the shipment described above, it will comply with all U.S. DOT regulations applicable to its operations while transporting said shipment, including but not limited to, drivers' hours of service.

Signed POD, invoice and all accessorial receipts must be submitted for payment.

MoLo does not require you to mail in physical copies of your paperwork as long as you email a complete and legible copy.

#### **Payment Information**

##### **For Standard Pay (30 days from receipt of invoice):**

Please send invoices to: [carrierinvoices@shipmolo.com](mailto:carrierinvoices@shipmolo.com)

MoLo Solutions, LLC

Attn: Purch Trans A/P

PO Box 10048

Fort Smith, AR 72917-0048

Signed POD, invoice and all accessorial receipts must be submitted for payment.

##### **For Quick Pay 3% fee (2-4 business days from receipt of invoice):**

MoLo Solutions, LLC

Attn: Purch Trans A/P

PO Box 10048

Fort Smith, AR 72917-0048

Signed POD, invoice and all accessorial receipts must be submitted for payment.

**If invoices are sent to an email address other than [quickpay@shipmolo.com](mailto:quickpay@shipmolo.com), they will still be processed for QuickPay but payment may be delayed.**

#### **Contact Us:**

Phone: +1 (847)306-3557

#### **Please use the following guidelines to avoid delays in processing your invoice:**

1. The subject line of your email as well as your invoice should contain the MoLo Load Number as printed on the Rate Confirmation you received for the load.
2. Please make sure your paperwork is complete and legible
3. We do NOT accept OneDrive links at this time. Please send your invoice as an email attachment.

**Please call your representative listed above or +1 (847) 306-3557 for all questions.**

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Please sign and return to MoLo



# INVOICE

**BILL TO:**  
MOLO SOLUTIONS LLC  
167 N GREEN ST SUITE 1400  
CHICAGO, IL 60607

**INVOICE DATE:** 08/23/2024  
**INVOICE #:** #2001634841  
**TERMS:** NET 30  
**DUE DATE:** 09/23/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/22/2024		IDX IMPRESSIONS, 234 SPRINGS ROAD, WASHINGTON, NC 27889 - STORE OPENING SOLUTIONS, 606 Butler St, Murfreesboro, TN 37127			
		Freight Income	1	\$1,100.00	\$1,100.00

TOTAL
\$1,100.00

**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**





170275; 171136; 171262; (57)  
170914; 171135  
Seal # 49228543

Date: 22 Aug 2024 BILL OF LADING Page 1

SHIP FROM	
Name:	IDX IMPRESSIONS
Address:	234 SPRINGS ROAD
City/State/Zip:	WASHINGTON, NC 27889
SID#:	SUP 13706 27889 01

Bill of Lading Number: LD002717201

Quote #:

SHIP TO	
Name:	Store Opening Solutions, LLC
Address:	606 Butler St
City/State/Zip:	Murfreesboro, TN 37127
CID#:	

CARRIER NAME: ARCBEST TL

Trailer Number:

Seal Number(s)

SCAC: ACBH

Pro Number: LD002717201

Services: Oversized Pallet greater than 7'

THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	CVS Health
Address:	1 CVS Drive MC 5035
City/State/Zip:	Woonsocket, RI 02895

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect X 3rd Party

Special Instructions:	
Guaranteed by 8-26	

PO NUMBER(s): 4900711879, 4900729883, 4900733763,

☐ Master Bill of Lading: with attached  
(check box) Underlying Bills of Lading

CUSTOMER ORDER INFORMATION					
PURCHASE ORDER NUMBER	# CASES	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
- 00004	2.0	Y	N	CHECKOUT CASH DROP BOX	
- 00011	6.0	Y	N	RX GATE JAMB KIT LIMBER MAPLE 54H WITH L	
- 00001	1.0	Y	N	BAGWELL CHECKOUT TOP ADA RIGHT HAND LIMB	
- 00012	6.0	Y	N	END PANEL 60W X 60H SQUARE LIMBER MAPLE	
- 00005	2.0	Y	N	CASH REGISTER BRACKET	
GRAND TOTAL					

CARRIER INFORMATION							LTL ONLY	
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION/ SPECIAL INSTRUCTIONS			NMFC #	CLASS
QTY	TYPE	QTY	TYPE	WEIGHT	DIMS	H.M. (X)		
6	NSP	69.0	CAS	21000.0	96.0 X 48.0 X 51.0 in			92.5
				Store Fixtures				
				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 is 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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

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.

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 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.

NO VISIBLE DAMAGE  
BUT POSSIBLE  
CONCEALED DAMAGE

Aaron Zlotky 8/23/24





Date: 22 Aug 2024

## SUPPLEMENT TO THE BILL OF LADING

Page 2

CUSTOMER ORDER INFORMATION					
PURCHASE ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
- 00013	1.0	0.0	Y	N	LICENSE BOARD LIMBER MAPLE
- 00001	6.0	0.0	Y	N	SCREW CAP COVER BLACK
- 00014	2.0	0.0	Y	N	ACO PANEL BLACK 108L X 35H
- 00006	1.0	0.0	Y	N	BAGWELL CHECKOUT END PANEL LIMBER MAPLE
- 00015	2.0	0.0	Y	N	ACO HARDWARE KIT
- 00002	1.0	0.0	Y	N	52L BAGWELL CHECKOUT TOP LIMBER MAPLE
- 00016	2.0	0.0	Y	N	RX CHECKOUT FACE PANEL LIMBER MAPLE 54W
- 00007	1.0	0.0	Y	N	BAGWELL CHECKOUT END PANEL ADA LIMBER MA
- 00017	1.0	0.0	Y	N	WALL END PANEL WHITE 23 X 89
- 00003	1.0	0.0	Y	N	COSMETIC END PANEL 16 X 84
- 00018	1.0	0.0	Y	N	PACKING LIST RED PRINTED 9*12*1 OPF
- 00008	1.0	0.0	Y	N	FRONT CHECKOUT HARDWARE KIT LIMBER MAPLE
- 00019	1.0	0.0	Y	N	PALLETIZATION / CONSOLIDATION
- 00003	2.0	0.0	Y	N	BAGWELL - BLACK
- 00020	6.0	0.0	Y	N	C/O GATE POST 54" ELIASON
- 00009	5.0	0.0	Y	N	EDGE BAND LIMBER MAPLE LINEN 1MM
- 00001	5.0	0.0	Y	N	WALL END PANEL WHITE 23 X 89
- 00002	1.0	0.0	Y	N	WALL END PANEL 24*89 BLACK
- 00001	2.0	0.0	Y	N	33 X 60 WHITE GONDOLA PANEL
- 00010	6.0	0.0	Y	N	CHECKOUT GATE LIMBER MAPLE WITH ELIASON
- 00002	4.0	0.0	Y	N	WALL END PANEL WHITE 23 X 89