

**Bill To Information**

Please send invoices and backup information to:

Email: ap@avenuelogistics.com

Sent By: Austen Collins**Email** acollins@avenuelogistics.com**Phone** (773) 943-6252**Fax****Office** KANSAS CITY OFFICE**Rate/Route Confirmation for ROYAL3 INC \$1,300.00**

Shipment Details					
Shipment #	70639700	BOL #	Carrier Miles	992.81	
		Pallet Count	26	Temperature	-
Cust Ref/PO #		Eq Type	53' Van		
Todays Date	8/27/2024 11:16	Eq ID			
Description of Merch:	medical foam SKID @ 5850.00 Pounds				

Carrier Details				
Carrier	ROYAL3 INC	Driver Name		PRIMARY
MC	944686	Dispatch Phone	(630) 485-7370	
DOT #	2828543	Fax		
SCAC	ZFIH	Carrier Ref		

Stop Details						
Stop	Type	Pcs/Type/Wt	Address	Appt Date	Appt Time	PU/Deliv #
1	Pickup	SKID 5850 lbs	SOULE MEDICAL 26543 WILD FERN CIRCLE LUTZ, FL, 33559 PN: (800) 999-2928	8/28/24	12:00 - 17:00	20609376
2	Delivery	SKID 5850 lbs	OWENS & MINOR 500 INDEPENDENCE AVENUE MECHANICSBURG, PA, 17055 ATTN: Jon Wegman PN: (717) 550-6385	8/30/24	15:00	20609376
17126658						

Shipment Line Items		
Total Pcs:	Total Pallets: 26	Total Weight: 5850 lbs

Carrier Rate Agreement						
Item #	Charge Description	Unit Price	Unit Type	Unit Quantity	Rate	Note
1	Line Haul	\$1,300.00	Flat Rate	1	\$1,300.00	
Total:					\$1,300.00	

ROYAL3 INC
6850 W 63RD STREET, CHICAGO, IL (If this is not your information, notify dispatch immediately)

Signature _____ Date _____

Terms of Agreement	
1. _____	
2. PLEASE HAVE DRIVER CALL 773-945-0999	
3. Carrier must advise if any delivery schedules, specifications, instructions, or requirements cannot be legally accomplished, or if the avoidance of any fines, penalties, or deductions would require or result in the violation of any laws or regulations.	
4. The rate includes fuel surcharge, and no other rates or charges, including carrier tariffs, shall apply. By signing this Contract for Transportation or accepting the load, the carrier agrees to the Motor Carrier Agreement terms.	
5. CARRIER confirms insurance coverage of at least \$1,000,000 in auto and general liability, and \$100,000 in cargo coverage.	
6. Compensation may be withheld for double-brokering, rail movement, freight consolidation, or non-fulfillment of services.	
7. Trailer Seals: Apply a seal and note its number on the bill of lading before leaving the shipper. Seals can only be broken with Avenue Logistics Management's written approval. Delivering without the intact seal may lead to a claim.	
8. Travel directions from Avenue Logistics are informational. Carriers must ensure lawful and safe operation of vehicles and contents, complying with all laws and regulations.	
9. _____	
10. BILLING INSTRUCTIONS: Email- ap@avenuelogistics.com Documentation Required- Invoice and POD. If applicable, Lumper Receipt, Scale Ticket, Escort Receipt, Detention Slip or IN/OUT times on POD. Direct Line: 773-945-1006 Fax: 312-661-9150	



INVOICE

BILL TO:
AVENUE LOGISTICS LLC
325 W OHIO STREET 3RD FLOOR
CHICAGO, IL 60654

INVOICE DATE: 08/29/2024
INVOICE #: Shipment # 70639700
TERMS: NET 30
DUE DATE: 09/29/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/28/2024		26342 WILD OCEAN CIRCLE, LUTZ, FL, 33559 - 500 INDEPENDENCE AVENUE, MECHANICSBURG, PA, 17055			
		Freight Income	1	\$1,300.00	\$1,300.00

TOTAL
\$1,300.00

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

Date: 8/27/2024

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Bill of Lading - Short Form - Not Negotiable

Ship From

Name: SOULE MEDICAL

Address: 26543 WILD FERN CIRCLE

City/State/Zip: LUTZ, FL 33559

Tel: (800) 999-2928

FOB: ☐

Ship To

Name: OWENS & MINOR

Address: 500 INDEPENDENCE AVENUE

City/State/Zip: MECHANICSBURG, PA 17055

Tel: (717) 550-6385

FOB: ☐

Bill of Lading Number: 70639700

Customer Ref:

Carrier Name: ROYAL3 INC

Trailer number:

Serial number(s):

Container number:

Seal number:

SCAC: ZFIH

Carrier Pro:

Third Party Freight Charges Bill to

Name: Avenue Logistics, LLC

Address: 325 West Ohio Street

City/State/Zip: Chicago, IL 60654

Fax: 312-661-9125

Tel: 888-602-4273 ext.3

Special Instructions:

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

Prepaid ☐ Collect ☒ 3rd Party ☒

Master bill of lading with attached underlying bills of lading.

Customer Order Information

Customer Order No.	# of Packages	Weight	Pallet/Skip (circle one)	Additional Shipper Information
Order Number:	0	5850.00 lbs	Y N	Ship Ref: 20609376
			Y N	Pickup From: 08/28/2024 12:00 PM
			Y N	Pickup To: 08/28/2024 05:00 PM
			Y N	Cons Ref: 20609376
			Y N	Delivery From: 08/29/2024 03:00 PM
			Y N	Delivery To: 08/29/2024 03:00 PM
Grand Total		5850.00 lbs		

Carrier Information

Handling Unit	Qty	Type	Weight	DIMS	HazMat	Commodity Description	LTL Only	NMFC No.	Class
26	Pallets	0	5850.00	40x48x92		medical foam			


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: \$ _____

Terms: Collect ☐ Prepaid ☐ Cust. check acceptable ☒

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 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.

Shipper Signature/Date:  8/28

Trailer Loaded By: ☒ Shipper ☐ Driver

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.

Freight Counted By: ☒ Shipper ☐ Driver

Carrier Signature/Pickup Date:  8/28

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.



Carrier Control and Trailer Inspection Form

Document Number: FORM-26284

Revision: 0

Effective Date: 10/16/2021

Document Title: MB Carrier Control and Trailer Inspection Form

Carrier R-3	LTL <input type="checkbox"/>	Inbound <input checked="" type="checkbox"/>	Driver's name EFren Costaneda		State CA
Time and Date checked in at gate: 17:48 / 8-29-24	Truckload <input checked="" type="checkbox"/>	Outbound <input type="checkbox"/>	Delivery # 20609376	To Location 10	Guard initials DB
Time checked out at gate:	Trailer # coming in W94947	Seal # in NA	Shipment # Empty	From Location 10	
	Trailer # going out W94947	Seal # out NA			

Verify the Following	Yes	No	Comments
To Be filled out by Security			Live Unload Pallets
Are the seals intact?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there evidence of seal tampering?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all doors sealed?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all doors closed?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Have any doors been tampered with?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Have any doors been damaged?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there any evidence of tampering for the following			
Front wall of trailer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Left side of trailer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Right side of trailer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Inside/outside doors of trailer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Outside undercarriage of trailer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Floor of trailer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
To Be filled out by Unloader			
Is there evidence of infestation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there evidence of water leakage/damage?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there evidence of odor (Mold/Mildew)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there evidence of chemicals?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there evidence of any unknown liquids?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there trash in the trailer?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Associate Name(applicable to unloader only):			
Date(applicable to unloader only):			
Any item marked in the grey area above, will need signed off on by a Supervisor, otherwise, not applicable.	Supervisor (if applicable)	Findings/Resolutions	
	1500 APH-		