



Landstar Gemini Inc

Carrier Load Tender & Rate Confirmation**Any questions or concerns about this load please contact the Landstar Agent at: 803-372-1550****Important: Carrier must call agent if your dispatch instructions below differ from the bill of lading.**

Carrier shall not in any way subcontract, broker, or arrange for freight to be transported by a third party.

Download the free Landstar Connect™ App prior to pick up to view below load details, transmit automated status updated & submit paperwork while under Landstar load only. Available in Google Play and Apple App stores.

**LOAD VERIFICATION**To verify this load originates from a Landstar agency, please visit the Landstar load verification site at <http://www.landstar.com> and select "Verify" from the homepage.**Freight Bill # 1628588****EL # EL4019460****Date** 09/19/2024 13:25**Equipment** 53VN**Total Miles** 198**Services****Sent From**Posting Code: **PYB****Agency Name: Christopher Pough - POU**

Contact Name: Christy Melton

Contact Phone: 803-372-1550

Contact Email: Christy.Melton@landstarmail.com

References

Customer Reference Number MFTM0648978

Route Details**Stop #1 pickup -****Appointment:** -**Target Window:** 09/19/2024 14:00 - 09/19/2024 16:00**Location** Mainfreight Inc**Address** 25 Independence Court**Address** Folcroft, PA 19032**Contact** Phone**Comment****Item** CONSUMER GOODS OR APPLIANCES **Qty** 3.0 **Wgt** 4,500**Stop #2 drop -****Appointment:** -**Target Window:** 09/20/2024 08:00 - 09/20/2024 08:00**Location** Winchester Medical**Address** 1840 Amherst St**Address** Winchester, VA 22601-2808**Contact** Phone**Comment****Item** CONSUMER GOODS OR APPLIANCES **Qty** 3.0 **Wgt** 4,500**Notes**

Here is the load

Please accept the load

Send me the drivers name and number

Contact Information: Christy Melton 803-372-1550

Agreed Rate

Description	Charge
Pay Capacity	\$700.00
Total	\$700.00 USD

Item ID	Haz Mat	Description	Qty	Weight	Class	NMFC	Temp	Dimensions
CGAPP		CONSUMER GOODS OR APPLIANCES	3	4,500	70.0			

Important Billing Instructions

- Invoice, bill of lading (for each stop) and proof of delivery (for each stop) required. Documents must be legible.
- Invoices must include Landstar's freight bill number or EL#.
- The rate on the carrier's invoice must match the rate confirmation and any accessorials must be authorized in writing by the agent in order to prevent delays in payment.
- Receipts (lumper, tolls, etc.) and permit and/or escort invoices must be submitted.
- For carrier payable questions call: 800-435-1791, opt 2.

PAPERWORK SUBMISSION OPTIONS

Send electronically by 2:00pm EST for same day receipt via:

Transflo Mobile +

Go to your app store to download to your mobile device. Enter LCGB as the Recipient ID when registering. Cost: \$2.00 per trip.

Transflo Express

To find a participating truck stop go to:
<http://transfloexpress.com/locations/>
 Cost: 2.00 per trip with cover sheet
 For a cover sheet call 800-435-1791, opt 5

Landstar Savings Plus Members Send To:		
Mailing address: Landstar Transportation Logistics Attn: Imaging P.O. Box 19139 * Jacksonville, FL 32245-9139	For Express Mailing: Landstar Transportation Logistics Attn: Brokerage Billing - LSP 1000 Simpson Rd * Rockford, IL 61102	Regular Mail: Landstar Transportation Logistics Attn: LSP - Imaging P.O. Box 19119 * Jacksonville, FL 32245-9119
	Call 866-321-PLUS (7587) to learn how to get paid in 2 days	

Tracking

Capacity must comply with all requested load tracking requirements. If Capacity is unable to comply with requested load tracking requirements, communicate with the Landstar Agent immediately. Capacity is subject to rate reduction in an amount up to 15% of line-haul in the event of non-compliance with requested load tracking requirements.

CARRIER certifies it is aware of the California Air Resources Board's Truck and Bus, Drayage and Greenhouse Gas Rules and that, on all loads originating in, destined for, or passing through California, CARRIER will utilize only vehicles that are compliant with those rules. Please see CARB regulations available at [Http://www.arb.ca.gov](http://www.arb.ca.gov)

Full terms and requirements are within the Landstar TBA. The Transportation Brokerage Agreement between CARRIER and BROKER provides that CARRIER shall refrain from all collection efforts against the shipper, receiver, consignor, consignee, or the customer. CARRIER acknowledges that any effort by CARRIER or any representative of CARRIER to contact any such third party to collect on freight charges relating to this shipment shall constitute a material breach of the Transportation Brokerage Agreement between CARRIER and BROKER.

FSMA
 CARRIER certifies it is aware of, and compliant with, all regulations and requirements regarding the sanitary transportation of human and animal food, including the federal food safety and modernization act (FSMA).

Electronic Rate Confirmations

CARRIER acknowledges that Load or Rate Confirmations may be submitted by BROKER to the CARRIER via electronic means and such shall constitute the CARRIER's binding acceptance of such Load or Rate Confirmation upon the earlier to occur of (a) the CARRIER's electronic acceptance of the Load or Rate Confirmation as verified by the BROKER's Information Services System, or (b) the CARRIER's pick up of the shipment in question.

Nothing herein is intended to modify or amend the terms and conditions of the Transportation Brokerage Agreement between CARRIER and BROKER.

Thank you for doing business with Landstar
To confirm please accept using the link in the tender email.

Carrier Royal3 Inc ID CP118663 MC 944686 DOT 2828543 Phone 630-485-7370 Email ZIGI@ZIGIFREIGHTINC.COM	Signature
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INVOICE

BILL TO:

LANDSTAR RANGER INC
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224

INVOICE DATE: 09/20/2024**INVOICE #:** EL # EL4019460**TERMS:** NET 30**DUE DATE:** 10/20/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/19/2024		25 Independence Court, Folcroft, PA 19032 - 1840 Amherst St, Winchester, VA 22601-2808			
		Freight Income	1	\$700.00	\$700.00

TOTAL

\$700.00

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



		CARRIER BOL NO: PHLBWI092024							
BILL OF LADING		Carrier: LANDSTAR RANGER							
Ship From		Pickup Date: 09-19-2024 Freight Terms: Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3 rd Party: <input type="checkbox"/>							
MAINFREIGHT PHL 25 Independence Court FOLCROFT PA 19032									
Ship To		Shipper Ref: MED003992 Release/Pickup#: Consignee Ref: Delivery#:							
WINCHESTER MEDICAL CENTER 1840 AMHERST STREET REC/DJ RITTER (540)536-7550 WINCHESTER VA 22601 DJ RITTER 540-5367550									
Freight Charges Bill To									
Mainfreight Inc. 1400 Glenn Curtiss St CARSON CALIFORNIA 90746									
Special Instructions:									
Accessorials:									
Housebill #	Shipment #	Qty	Type	Description	Weight	Volume	HM (X)	NMFC	LTL Class
MFTM0648978	54003136992	1	Crate	AIR COMPRESSOR Dimensions: 123.00 x 53.00 x 105.00 (in)	1611	396.12		118100-03	
MFTM0648978	54003136992	1	Crate	AIR COMPRESSOR Dimensions: 84.00 x 48.00 x 67.00 (in)	1200	156.33		118100-03	
MFTM0648978	54003136992	1	Crate	AIR COMPRESSOR Dimensions: 84.00 x 48.00 x 48.00 (in)	357	112.00		118100-03	



CARRIER BOL NO:

PHLBWI092024

BILL OF LADING

Housebill #	Shipment #	Qty	Type	Description	Weight	Volume	HM (X)	NMFC	LTL Class
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[Handwritten signature]
[Handwritten signature]

3

3168

664.45

GRAND TOTALS

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 _____."

Remit COD to:

Collect _____ Prepaid _____ Customer check acceptable _____ COD Amount: _____

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. Carriage is subject to the Waybill and/or Bill of Lading Contract-for-Carriage Terms incorporated herein by reference and available at: <http://www.mainfreight.com/getmedia/7d708170-a49a-41ea-a657-454195b8006a/WaybillforSurfaceandAirCarriageTerms.pdf>

Trailer
Loaded:

____ By Shipper

____ By Driver

Freight
Counted:

____ By Shipper

____ By Driver

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper: _____

Shipper Signature/Date:

This is to certify that the above named materials and contents are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations including DOT.

Shipper:

[Handwritten signature] 09/19/24

Carrier Signature/Pickup Date:

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or has the DOT emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.

Carrier: _____

B:01