

Rate Confirmation

Load ID: **LD272170**

Please sign and return immediately or accept via Email

Date: 09/25/2024

BILL TO (MAILING ADDRESS)		Contact Information	
BILL TO NAME:	Wagner Logistics	FOR CLIENT:	Wagner Logistics
CONTACT:		CONTACT NAME:	Tina Meek
ADDRESS:	1201 E. 12 th Ave.	PHONE NUMBER:	8164741110
CITY, STATE, ZIP:	North Kansas City, MO 64116	REPLY FAX NUMBER:	8168428377
E-MAIL ADDRESS:	carrierpayables1946@wagnerlogistics.com	E-MAIL ADDRESS:	tina.meek@wagnerlogistics.com
ALL invoices to Wagner Logistics must reference Load ID #			
LD272170			
Settlement			
Submit carrier invoice, POD, and load tender by mail or email per BILL TO details above. Wagner payment policy is remittance within 30 days after receipt of a properly submitted, valid, and correct freight bill with signed POD. Wagner Load ID number must appear on submitted invoice to ensure timely payment.			
Carrier Instructions			
You must immediately return a signed copy of this document to fax# 816-842-4330 & driver must fax POD upon delivery Toll Free (1-866-478-1748). This load cannot be double brokered. You must call Wagner immediately if your driver or equipment cannot service this move on stated dates & times. Driver is responsible for signing the shipper's Bill of Lading. Carrier agrees to notify Wagner Logistics immediately if there are any delays in movement. Failure to obtain authorization, when extra charges occur, will result in non-payment of said charges.			
Special Instructions: Trailer Must Be Clean, Dry, & Odor Free with No Holes and No Missing Rivets			
Rate Confirmation Agreement			
This Rate Confirmation Agreement is binding between Wagner Logistics and the listed Carrier and their respective successors and assigns, including, but not limited to, third party collection companies, factoring companies, or accounts receivable financing companies, and supersedes any and all rate or tariff schedules on file or listed in prior agreements between the same or other parties.			
Additional Services Requested			
Carrier Information		Freight Bill Summary	
Carrier Name/SCAC	Royal3 Inc / 944686	Picks/Total Stops	1 / 2
Contact Name	DAN	Total Mileage	330.0
Phone Number	630-485-7370	Total Pieces	44.0 unknown
Fax Number		Total Weight	43,723
Equipment	Truck, Van (TV)		
Hazmat Load:	No		
Pickup			
Earliest Pickup Date/Time: 09/25/2024 11:00		Latest Pickup Date/Time: 09/25/2024 15:00	
Name	Sylvamo	Pickup Number: 7000422857	
Address	2501 165TH ST		
City, State, Zip	HAMMOND, IN 46320-2932		
Drop			
Earliest Drop Date/Time: 09/26/2024 08:00		Latest Drop Date/Time: 09/26/2024 08:00	
Name	MIDWEST GLOBAL DISTRIBUTION CE	Appointment Number:	
Address	23901 AURORA ROAD		
City, State, Zip	BEDFORD HEIGHTS, OH 44146		
Special Instructions:			
		Total Rate	\$1,050.00
		Total Line Haul	\$1,050.00
SIGNATURE:			DATE:

Instructions for Sending Email Invoices

Invoices should be sent to carrierpayables1946@wagnerlogistics.com

- 1) Send one PDF per invoice to include carrier invoice, PODs, rate confirmation sheet and any and all receipts eligible for reimbursement
- 2) You can send up to five attachments in one email
- 3) Name your PDF with your invoice # and our LD#
- 4) Invoices can be sent daily, as billed
- 5) Invoice date in our system will be the date email is received and paid thirty days of this date
- 6) NOA's and all documents must be sent with the invoice and POD to update; do not email separately
- 7) For received confirmation, use the received receipt in your email settings

This email is for invoices only

To avoid payment delays please follow these instructions and do not send duplicate emails



INVOICE

BILL TO:
WAGNER LOGISTICS
1201 E 12TH AVE
NORTH KANSAS CITY, MO 64116

INVOICE DATE: 09/26/2024
INVOICE #: LD272170
TERMS: NET 30
DUE DATE: 10/26/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/25/2024		2501 165TH ST, Hammond, IN 46320-2932 - 23901 Aurora Road, Bedford Heights, OH 44146			
		Freight Income	1	\$1,050.00	\$1,050.00

TOTAL
\$1,050.00

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: 09/25/2024

BILL OF LADING

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SHIPPER NAME: Sylvamo

Midwest RDC
2501 E 165TH ST
HAMMOND IN 46320-2932

SID #: 9011

FOB: ()

BOL Number: 03686370004228577



(402)03686370004228577

SHIP TO

MIDWEST GLOBAL DISTRIBUTION CENTERS
23901 AURORA ROAD
BEDFORD HEIGHTS OH 44146

Location #:

CID#: 646121

FOB: (X)

CARRIER NAME: WAGNER LOGISTICS

Trailer number: WGII244731

Seal Number(s): 25741737

SCAC: WGII

Shipment: 7000422857

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO

SYLVAMO
ATTN: MATCH PAY
6077 PRIMACY PARKWAY
MEMPHIS TN 38119

Freight Charge Terms:

(freight charges are prepaid unless marked otherwise)

Prepaid (X)

Collect ()

3rd Party (X)

SPECIAL INSTRUCTIONS:

REC HRS 7:30 - 16:00, APPT 24HRS IN ADVANCE; FOR APPTS COPY BOTH
MWRIGHT@MIDWESTGDC.COM AND; BEDF@MIDWESTGDC;; PO 24-LC025; RDD
9/26/24;

()

Master Bill of Lading: with attached
underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	GROSS WT(LB)	PALLET/SKID	ADDITIONAL SHIPPER INFO
24-LC025	44	43736	Y	AMAZON DIG CREAM 50LB
GRAND TOTAL	44	43,736		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		GROSS WT(LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
44	S	44	SKD	43,736		PRINTING PAPER		
44		44		43,736		GRAND TOTAL		

COD Amount: \$

Fee Terms: Collect () Prepaid ()

Customer check acceptable: ()

Customer
Signature

[Signature]

Date 9/26/24

Shipper
Signature

_____ Date _____

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are in proper
condition for transportation according to the applicable regulations of the U.S. DOT.

_____ / _____

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 U.S. DOT emergency response guidebook or
equivalent documentation in the vehicle.

_____ / _____

Property described is received in good order, except as noted.