



INVOICE

BILL TO:
Schneider Shipment Tender

INVOICE DATE: 10/22/2024
INVOICE #: R62230
TERMS: NET 30
DUE DATE: 11/22/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/21/2024		26 Thompson Dr, Essex Junction, VT 05452-3405 - 7 Limited Pkwy, Reynoldsburg, OH 43068, USA			
		Freight Income	1	\$1,275.00	\$1,275.00

TOTAL
\$1,275.00

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



Download the FreightPower carrier app to provide tracking updates.



Contact your Schneider Rep, Tyler Schram

Email: SchramT@schneider.com

Phone:

Questions: Call at: +1 (855) 476-4786

Schneider's customers require that carriers provide electronic tracking (status updates) via API, EDI, ELD, or mobile app tracking. All loads without successfully accepted electronic tracking will be subject to rejected accessorial payment (including, but not limited to: labor, detention, layover charges, etc.). Receipts will be required for payment verification, even when electronic tracking was successfully accepted.

Rate Confirmation

Route # 4006027424

Mode: Truck

Size: FTL

Total Weight: 15828

Route Type: OTR

Distance: 734 Miles

of Stops: 2

Origin

ESSEX JUNCTION, VT 05452-3405

Destination

REYNOLDSBURG, OH 43068-5300

Date: 10/21/2024

Equipment: Van 53

Special reqs:

Expected Min Temp:

Expected Max Temp:

Temp Setting:

Carrier: ROYAL3 INC

MC#: 944686

DOT#: 2828543

SCAC#: ZFIH

Contact: DISPATCH TEAM

Phone: +16304857370

Email: dispatch@royal3inc.com

Total Rate: \$1,275.00 USD

Notes:

Route Refs:

Vendor Refs:

Stop 1 - Pick Up

AUTUMN HARP
26 THOMPSON DR,
ESSEX JUNCTION, VT 05452-3405

Date/Time: 10/21/2024 13:00

Scheduling: Appointment

Loading Type: Live

Pallet Count:

Work: No Touch

Special Reqs:

Customer Location ID #: 36001770

Customer Location Name #: 36001770 - AUTUMN
HARP INC

Customer Order #: 3900046397, 3900046515

MBOL #: CS01029576

Original Shipper #: 2045309|AUTUMN
HARP|ESSEX
JUNCTION|VT|USA

PO #: BLANKET_36001770_BBW_F

Ready DTTM #: 2024-10-21 13:00|US/Eastern

SID #: CS01029576

Shipper Order #: 3900046397, 3900046515

Ultimate Consignee #: 150516|LTD STORES
INC|REYNOLDSBURG|OH|U
SA

Pick Up Instructions: Loaded equipment type is a OTHER CUSTOMER 53 FOOT VAN

Facility Notes:

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										
1	Box	1		No	Personal Care Products		No	No					15,828 l b
Total HU: 1				Total Pcs: 1			Total Cmdty: 1			Total Wgt: 15828 lb			

Stop 2 - Delivery

LTD STORES INC
7 LIMITED PKWY,
REYNOLDSBURG, OH 43068-5300

Date/Time: 10/22/2024 13:00
Scheduling: Appointment
Loading Type: Live
Pallet Count:
Work: No Touch

Appointment Number #: 20241017JC1
Customer Location ID #: DC_00007
Customer Location Name #: DC7

Special Reqs:

Delivery Instructions: Loaded equipment type is a OTHER CUSTOMER 53 FOOT VAN

Facility Notes: DELIVERY SPECIAL INSTRUCTIONS: EXPEDITED CUSTOMER-DO NOT PARK ON PAD WHILE TURNING IN BILLS-MUST DROP TRL THEN PARK IN DESIGNATED AREAS ONLY- WILL NOT ACCEPT UNSEALED TRLS!! Customer must sign

bills with in/out times or they will not pay detention
 PICKUP SPECIAL INSTRUCTIONS: Broad street location - ask shipping clerk to release empty trailers if needed when leaving the yard...--** not morse rd. Need bill of lading sent timely, necessary to include in and out times at all stops, along with customer and driver signatures. Thank you.
 PICKUP SPECIAL INSTRUCTIONS: NO BOBTAIL** shipper needs MT trl**

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										
1	Box	1		No	Personal Care Products		No	No					15,828 lb
Total HU: 1				Total Pcs: 1			Total Cmdty: 1			Total Wgt: 15828 lb			

Carrier Cost Date: 10/21/2024 07:30 CST				
Cost Type	Currency	Cost Per	Units	Total Cost
Flat Rate	USD	\$1,275.00	1	\$1,275.00
Total Cost				\$1,275.00

Additional Rate Information

Unless otherwise approved by Schneider, the above rate includes all stop-off charges, fuel surcharges, loading, unloading, etc. This rate cannot be changed, modified, or supplemented by reference to any other rates, rules, classification, schedule, or tariff without Schneider's written permission.

Any accessorial not listed above (including, but not limited to, labor, detention, layover charges, etc.) must be pre-approved by Schneider; failure to obtain pre-approval will result in non-payment. Driver detention times charges must be clearly noted on the bill of lading and may only be authorized on electronically tracked Shipments (Schneider's customers require electronic tracking for Shipment updates). Receipts must be provided for any third-party (e.g., lumper) charges. Supporting documentation must be provided or reimbursement may be denied.

Invoice & Documentation Requirements

All invoices and shipment documentation (including, without limitation, bill(s) of lading, clear delivery receipts, and supporting documentation for third-party charges) must be submitted to Schneider per tender instructions no later than ninety (90) days after delivery. FAILURE TO PROVIDE ALL SUCH DOCUMENTS (INCLUDING THE INVOICE) WITHIN SUCH NINETY (90) DAY PERIOD WILL RESULT IN NON-PAYMENT FOR SERVICES.

1 TENDER = 1 INVOICE

<p>Please include the following information on the invoice:</p> <ol style="list-style-type: none"> Route Number - Route Number must be in the upper right hand corner of all invoices Bill of Lading #, Piece Count, Weight, Shipper and Consignee Address including Postal Code. <p>Please include the following paperwork with the invoice and e-mail to Submit@invoice.schneider.com:</p> <ol style="list-style-type: none"> Customer Signed Bill of Lading / Proof of Delivery Other pertinent paperwork to include lumper receipts, etc. Must attach and send in this tender sheet/rate contract with invoice.

E-mail invoice and paperwork for payment to: submit@invoice.schneider.com

All Carrier payments are now processed through [TriumphPay.com](https://triumphpay.com)

Please register online in order to receive payments:

1. Go to <https://secure.triumphpay.com>
2. Register your company
3. Connect with Schneider Enterprise Resources
4. Add or change your payment information
5. Control your Money!
6. Must send Notice of Assignment/Release letters to schneider@noa.triumphpay.com



Get Paid Now!

Login to TriumphPay.com to take advantage of our
2 Business Day Quick Pay - 2% fee


Visit our website at <http://www.schneider.com> for up to date available freight

Additional Requirements

1. Schneider does not dispatch the driver. Carrier retains sole control and authority over the driver in all respects including, without limitation, dispatching, routes taken, reference numbers, and service expectations.
2. Carrier is required to adhere to all appointment times set by the Customer (and, if requested by the Customer, ensure that the driver has the necessary technology to provide (and agrees to provide) tracking of the Shipment via electronic tracking).
3. Brokerage of this Shipment by Carrier is prohibited. Any brokerage will void Schneider's obligation to pay Carrier.
4. Carrier's dispatch personnel must notify Schneider immediately of any Shipment related issues that will, or are reasonably likely to, cause Carrier to miss the scheduled pick-up or delivery appointment time. Carrier must contact Schneider (do not call the customer) at 855 476 4786 with any Shipment related concerns.
5. Carrier shall not break the seal, partial the Shipment, or move the Shipment via rail without written consent from Schneider. This will result in non-payment, a claim and/or legal action per the terms of the Master Transportation Agreement
6. Carrier will require the driver to scale Shipment prior to departing shipper. Carrier is responsible to ensure the Shipment is safe and of legal weight for transit.
7. If Carrier's cargo or automobile insurance policy contains a schedule of covered vehicles or equipment, Carrier will not transport this Shipment using a vehicle and/or equipment that is not listed as scheduled on Carrier's cargo insurance policy, and Carrier's cargo policy must not exclude from coverage any commodities or cargo transported in this Shipment.
8. If this Shipment involves travelling in the State of California, all equipment utilized by Carrier must meet California Air Resources Board Regulations including, without limitation, the Truck and Bus Rule, the Advanced Clean Fleets Rule, and the Heavy-Duty Inspection and Maintenance Rule. By accepting this tender, Carrier represents that it's equipment will comply with such requirements.

Agreement to be Bound

Carrier has read this entire Shipment tender. By accepting this Shipment Tender and transporting the Shipment (even without a signature on this Shipment Tender), Carrier agrees it is bound to, and agrees to comply with, all statements, special services, work assignments, terms and conditions, and other requirements contained herein. In addition to the terms contained in this Shipment Tender, this Shipment shall be governed by the terms and conditions of the Master Transportation Agreement between Broker and Carrier, which are deemed incorporated herein.

Date: 10/18/24 14:18				BILL OF LANDING		Page 1	
SHIP FROM					Bill of Lading Number:		
Name: 36001770 - AUTUMN HARP INC							
Address: 26 THOMPSON DR							
City/State/Zip: ESSEX JUNCTION VT 05452							
SID# CS01029576 FOB <input type="checkbox"/>					CARRIER NAME: Schneider Brokerage Services Trailer number: - Seal number(s): 2852531 BC SCAC: SLCY Pro number: 2049886375  (9012K)SLCY2049886375		
SHIP TO							
Name: DC7 Location #:							
Address: 7 LIMITED PARKWAY DR80							
City/State/Zip: Reynoldsburg OH 43068					Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rdParty <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
CID# 1357 FOB <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO							
Name:							
Address:					SPECIAL INSTRUCTIONS: 		
City/State/Zip:							
Customer Order Info							
CUSTOMER ORDER NUMBER		#PKGS	WEIGHT	PALLET/SLI	ADDITIONAL SHIPPER INFO		
3900046397, 3900046515		1,911	15,828	N			
GRAND TOTAL		1911	15828 lbs				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to	NMFC CLASS
1,911	Cartons	1,911	Case	15,828			70
1,911		1,911		15828	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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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. _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Alc Wilk</i> 10-21-24				Trailer Loaded <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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.	

15 Pct
1911 CS

J. Eschleman
9:44
10-22-24
#H03263