



INVOICE

BILL TO:
GRANE LOGISTICS EXPRESS LLC
820 JORIE BLVD SUITE 120
OAK BROOK, IL 60523

INVOICE DATE: 10/29/2024
INVOICE #: R63277
TERMS: NET 30
DUE DATE: 11/29/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/28/2024		3124 VALLEY AVENUE, WINCHESTER, VA 22601 - 600 EAST BLVD, ELKHART, IN 46514			
		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

Grane Logistics Express
1815 Meyers Rd
Oakbrook Terrace, IL 60181
Contact: Aaron Shellberg
Ph: 630-948-8043



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*** Carrier Rate Confirmation Agreement***

Load Number 5179109

Carrier: ROYAL3 INC
CHICAGO IL 60638
Date: 10/28/2024

Contact: Joey
Phone: 321-465-5667
Fax:

Order
Order: 5179109
Miles: 537.0
Temp:
BOL: 103104131421

Commodity: Grainger Freight
Weight: 4005.0
Trailer: 53' VAN
Reference:
Pieces 40

PU 1 Name: RUBBERMAID COMMERCIAL PRODUC Date: 10/28/2024 1000
Address: 3124 VALLEY AVENUE 10/28/2024 1800
EMAIL FOR APPT WAVEPLANNERS Contact:
WINCHESTER VA 22601 Drvr Ld/Unld: No driver loading or unload

AN UNAPPROVED BROKEN SEAL MAY RESULT IN A FULL TRUCKLOAD CLAIM

Reference Number: BN 103104131421
Reference Number: IX 804YF3
Reference Number: QN 1
Reference Number: RE OX14122009
Reference Number: SI 1031041314210102
Reference Number: SI 1031041314210102

SO 2 Name: ELKHART GENERAL HOSPITAL Date: 10/30/2024 0630
Address: 600 EAST BLVD 10/30/2024 1530
ELKHART IN 46514 Contact: ELKHART GENERAL HOSPI
Drvr Ld/Unld: No driver loading or unload

AN UNAPPROVED BROKEN SEAL MAY RESULT IN A FULL TRUCKLOAD CLAIM

Reference Number: IX 804YF3
Reference Number: QN 2
Reference Number: RE OX14122009
Reference Number: SI 1031041314210102
Reference Number: SI 1031041314210102

Payment (email: acctspay@granelx.com)

CARRIER FREIGHT PAY:
TOTAL CARRIER PAY:

\$700.00
\$700.00

Instructions

Special instructions here

*** FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT IN A \$150.00 FINE ***

- * Driver must call Grane Logistics Express for dispatch information 773-922-6900.
- * Driver MUST count all freight and report any overages, shortages or damaged product immediately.
- * Driver MUST arrive on time for all pickups and deliveries.
- * Driver MUST notify GLX dispatcher of ANY loading or lumper fees at pickup or delivery immediately.
- * Driver MUST notify GLX dispatcher immediately upon arrival and departure at shipper and reciever, and must provide the name of the person who signed for the freight.

**DETENTION APPROVAL REQUIRES NOTIFICATION PRIOR TO THE IMPENDING DELAY. IN/OUT TIMES MUST BE ON THE BOL SIGNED BY SHIPPER/RECEIVER, AND THE POD MUST BE RECEIVED VIA EMAIL WITHIN 24 HRS OF DELIVERY
DETENTION AND ACCESSORIAL CHARGES MUST BE REPORTED WITHIN 24 HOURS**

GLX pay terms are net 30 of all valid charges with receipt of Invoice, ONLY if accompanied by a copy of the Carrier Rate Confirmation Agreement, a valid signed copy of the Proof of Delivery, and supporting accessorial documentation.

Carrier MUST electronically send valid, signed Proof of Delivery within 1 hours of delivery.

Carriers agrees to accept equal liability to that of the Shipper/Broker as defined by the Food Safety Act. In the event the Carrier breaks the seal or the seal is broken while in the possession of the freight, the Carrier assumes all cargo liability.

X Joey Cimbaljevic 10/28/2024
Signature Date

Load Available: 10/28/2024 05:11:59 PM EDT

BILL OF LADING

Shipment#: 2012273608

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Name: NEWELL BRANDS DISTRIBUTION LLC
Address: 3124 VALLEY AVE
WINCHESTER VA 22601
UNITED STATES

SID#: FOB: ☒

Name: ELKHART GENERAL HOSPITAL Location #: TPSO
Address: 24-119
600 EAST BLVD
ELKHART IN 46514
UNITED STATES

CID#: Cust#: 22061 FOB: ☐

Bill of Lading Number: 00868760124708300



CARRIER NAME: CUSTOMER PICK UP

Trailer Number: PTLZ244738

Seal Number(s): 566026

SCAC: CPUP
Pro number:



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

Prepaid Collect 3rd Party ☒

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

ESSENTIAL BUSINESS NEEDS BESOINS COMMERCIAUX ESSENTIELS

SPECIAL INSTRUCTIONS: *** SHIPPING TERMS ARE FOB Origin Collect Third Par ***

CUST SHIPMENT#: 103104131421 AUTHORIZATION#:

GRAINGER DROP SHOP

PU Appointment Dt:

10/28/2024 17:00:00

Appointment Number:

103104131421

Delivery Appt Dt:

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUM	# PKGS	WEIGHT	CUBE	PALLET	ADDITIONAL SHIPPER INFORMATION
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4643393155	30	3004	615	30	8201382282
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GRAND TOTAL	30	3004	615	30
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CARRIER INFORMATION

HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M.	NMFC #	CLASS
30	PALLET	30	CARTON	3004	Metal	24410 S1	77.50
30		30		3004			
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

COD Amount: \$
Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

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, 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.

NEWELL BRANDS DISTRIBUTION 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 Department of Transportation.

10/28/2024

Trailer Loaded: Freight Counted:

☒ By Shipper

☐ By Shipper

☐ By Driver

☐ 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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

Domestic placards shall be realized in mod order, except as noted.

10/28/2024

05:28:41 PM EDT

Arrive Sign in:

RON GARCIA

10/28/2024
05:29:13 PM EDT