



INVOICE

BILL TO:

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

INVOICE DATE: 02/25/2025**INVOICE #:** R78730**TERMS:** NET 30**DUE DATE:** 03/25/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
02/24/2025		2 Ludlow Rd, Chicopee, MA 01020, USA - 1148 Porter Ave, Haw River, NC 27258-9547			
		Freight Income	1	\$1,250.00	\$1,250.00

TOTAL

\$1,250.00

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



Landstar Ranger Inc

Carrier Load Tender & Rate Confirmation

Any questions or concerns about this load please contact the Landstar Agent at: (614) 401-5001

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 # 3747874****EL # EL5190548****Date** 02/24/2025 09:08**Carrier** Royal3 Inc**Equipment** 53VN VAN**Total Miles** 671**Services****Sent From**Posting Code: **PDQ****Agency Name:** Hyper Transportation LLC - PDQ

Contact Name: Jennifer Wheatley

Contact Phone: (614) 401-5001

Contact Email: pdqinternal@landstarmail.com

References

Customer Reference Number MCH000000096518

Trip Number MCH000000096518

Team false

Delivery Number M000015865

BOL 262371

Pick Up Number MCH000000096518

Load Number L021367755

Route Details**Stop #1 pickup -****Appointment:** -**Target Window:** 02/24/2025 07:00 - 02/24/2025 15:00**Location** Cardinal Health**Address** 2 Ludlow Park Dr**Address** Chicopee, MA 01022-1318**Contact** Phone**Comment**

References

Quantity: 0**Stop Number:** 142914252P-1**Volume:** 540**Weight:** 3463**Item** MEDICAL SUPPLIES **Qty** 9.0 **Wgt** 3,463**Stop #2 drop -****Appointment:** -**Target Window:** 02/25/2025 07:00 - 02/25/2025 15:00**Location** Sterigenics**Address** 1148 Porter Ave**Address** Haw River, NC 27258-9547**Contact** Phone**Comment**

References

Quantity: 0**Stop Number:** 142914252D-1**Volume:** 540**Weight:** 3463**Item** MEDICAL SUPPLIES **Qty** 9.0 **Wgt** 3,463**Notes**

Agreed Rate	
Description	Charge
Pay Capacity	\$1,250.00
	Total \$1,250.00 USD

Item ID	Haz Mat	Description	Qty	Weight	Class	NMFC	Temp	Dimensions
MEDSUP		MEDICAL SUPPLIES	9	3,463	0.0			

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

Mailing address: Landstar Transportation Logistics Attn: Imaging P.O. Box 19139 * Jacksonville, FL 32245-9139	Landstar Savings Plus Members Send To:	
	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 phil@royal3inc.com

Signature

Kelly Ivanovic

DATE 2025-02-22 07:19Z

BILL OF LADING

PAGE 1



SHIP FROM

Name: CHICOPEE MFG KPR
Address: TWO LUDLOW PARK DRIVE
City/State/Zip: CHICOPEE, MA 01022
SID: MCH FOB: ☐
Contact:

BILL OF LADING NUMBER

Bill of Lading Number: 262371



Trip ID: MCH000000096518

Load ID: L021367755

Chemtrec - For Chemical Emergency Spill, Leak, Fire, Exposure, or Accident
Call Chemtrec Day or Night (800) 424-9300

SHIP TO

Name: STERIGENICS HAW RIVER
Address: 1148 PORTER AVE
City/State/Zip: HAW RIVER, NC 27258
CID: S003 FOB: ☐
Contact:

CARRIER & TRAILER DETAILS

CARRIER NAME: LANDSTAR RANGER

Trailer number:

Seal number(s):

0984252

FREIGHT CHARGES BILL TO

Name: CARDINAL HEALTH
Name 2: C/O CASS INFORMATION SYSTEMS
Address: P.O. BOX 72
City/State/Zip: SAINT LOUIS, MO 63166-0072

SCAC DETAILS

Scac: LRGR TWS 25 Feb 25

Service Code(s): LR (GROUND)

Pro Number:

SPECIAL INSTRUCTIONS

Storage Conditions:

Manually Added Accessorial Codes:

REFERENCE NUMBERS

Confirmation Number:

Customer Load Number:

Pickup Number:

Delivery Number:

Delivery Note:

MEDICAL SUPPLIES DELIVERY

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

CUSTOMER ORDER INFORMATION

FREIGHT ORDER ID

M000015865

CUSTOMER PURCHASE ORDER NUMBER

CARRIER INFORMATION

HANDLING UNIT		PACKAGE			WEIGHT (LB)	Haz Mat (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
Pallet QTY	QTY	TYPE	CUBE					NMFC #	CLASS
	514	UNIT	540		3,463				
9	514				3,463		medical supplies		70

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

Freight Terms:

Collect: ☐3rd Party: ☐Prepaid: ☒**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 classification and tariffs in effect on the date of issue of this Original Bill of Lading. The property described above, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated above, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry it to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination, it is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications, in effect on the date hereof. If this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the terms and conditions are hereby agreed to by the shipper.

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

Signature

Shipper

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 regulation of the DOT.

Signature

Date

Trailer Loaded:

☐ By Shipper☐ By Driver

Freight Counted:

☐ By Shipper☐ 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 DOT emergency response guidebook or equivalent documentation in the vehicle.

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

Signature

Date

JHAWN

M.S.M 25 Feb 25