



INVOICE

BILL TO:

CH ROBINSON WORLDWIDE
14701 CHARLSON RD SUITE 1200
EDEN PRAIRIE, MN 55347

INVOICE DATE: 03/25/2025**INVOICE #:** R82858**TERMS:** NET 30**DUE DATE:** 04/25/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/24/2025		3365 Enterprise Ave, Weston, FL 33331 - 1551 Perry Rd, STE 101, Plainfield, IN 46168			
		Freight Income	1	\$1,190.00	\$1,190.00

TOTAL

\$1,190.00

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

C.H. Robinson Contract Addendum and Carrier Load Confirmation - #509568824

This load confirmation is confidential information of CH Robinson and may not be disclosed to third parties without CH Robinson's prior written approval.

**General Contact at Zigi Freight Inc - T5303929
DBA: Royal3 Inc**

C.H. Robinson requires automated shipment check-in and in-transit updates from one of the approved shipment status technologies. Additional information about these technologies can be found at www.chrobinson.com.



If you require assistance during your check-in process, please use one of our mobile apps, or call (888) 278-9441.

**C.H. Robinson Communication****Customer-Specified Equipment Requirements**

Equipment: Van - Min L=53

Customer Requirements

DO NOT DOUBLE STACK

SHIPPER#1: STRYKER MAKO
Address: 3365 Enterprise Ave
Weston, FL 33331
Phone: (305) 890-7418
Pick Up Date: 03/24/25
Open Pick Up
Pick Up Time: 11:00-15:00
Pickup#:
Appointment#:

Please ask for and confirm receipt of:

Commodity	Est Wgt	Units	Count	Pallets	Temp	Ref #
Medical Equipment or Instruments	4,302	Wood Crate(s)	3	3		10475059
Medical Equipment or Instruments	2,841	Wood Crate(s)	3	3		10475059

Shipper Instructions

Driver MUST VERIFY CRATE SERIAL NUMBERS
Loaded crates 1074,1026,346 A/B.
SERIAL ROB:3217,3274,2197
ASN:104750591742820670
Please secure crates after loading

RECEIVER #1: Stryker US CDC Warehouse
Address: 1551 Perry Rd
STE 101
Plainfield, IN 46168
Phone: (317) 837-3141
Delivery Date: 03/27/25
Scheduled Delivery
Delivery Time: 08:00-17:00
Delivery#: 104750591742820670
Appointment#:

Please confirm delivery of:

Commodity	Est Wgt	Units	Count	Pallets	Temp	Ref #
Medical Equipment or Instruments	4,302	Wood Crate(s)	3	3		10475059
Medical Equipment or Instruments	2,841	Wood Crate(s)	3	3		10475059

Receiver Instructions

Appt at CDC is needed.
STRYKER MAKO
P/N 219999, 207110 & 209927
Driver MUST VERIFY CRATE SERIAL NUMBERS
Loaded crates 1074,1026,346 A/B.
Please secure crates after loading



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #509568824

SERIAL ROB:3217,3274,2197

ASN:104750591742820670

Warehouse Notes:

This facility has extremely strict appointments and rescheduling is difficult.

Rate Details

Service for Load #509568824	Amount	Rate	Extended
Line Haul - FLAT RATE	1	\$1,190.00	\$1,190.00
Total:			\$1,190.00

SUBMIT FREIGHT BILL TO:

CHRW Billing
P.O. Box 3470
Chicago, IL 60654
LoadDocs@CHRobinson.com

To insure prompt payment, all billing must be accompanied by an invoice with the Carrier Name and C.H. Robinson Load Number

Fuel Surcharge Information

Please note that C.H. Robinson has included a \$468.00 fuel surcharge within the listed transportation rate on this confirmation. The fuel surcharge is an estimate based off of a weekly national average fuel price from the U.S. Department of Energy.

QUICK PAY and CASH ADVANCE

QUICK PAY - If you are a Carrier who utilizes C.H. Robinson's Quick Pay Program, you may email your invoice and required paperwork to LoadDocs@chrobinson.com or visit NavisphereCarrier.com for other scanning options. Funds will be released from C.H. Robinson, minus the fixed discount, within two business days from receipt of complete and legible paperwork. Paperwork received by 12:00 noon (CST) will be counted as same day; paperwork received after 12:00 noon (CST) will count as the next business day. Carriers enrolled in Quick Pay are no longer required to submit original paperwork for payment in addition to using one of our billing methods unless otherwise instructed by C.H. Robinson. Carrier shall retain custody of the original paperwork and provide it to C.H. Robinson upon Request.

C.H. Robinson also recommends that Carrier only submit "receipt" for payment once, regardless of billing method to avoid additional fees. If you would like more information about becoming enrolled in Quick Pay, please contact the Quick Pay Department at (800) 326-9977. For a list of our billing options, please visit NavisphereCarrier.com.

CASH ADVANCE - Carriers may request a cash advance from C.H. Robinson to be issued at C.H. Robinson's sole discretion as a partial settlement to the agreed upon rate. All cash advances will be deducted from final settlement; including a transaction fee of the greater of 3% of the advance issued or \$15 for each individual advance.

Directions

Any directions given by C.H. Robinson or its Customers, whether orally and/or electronically, are for informational purposes only. It is the Carrier's sole responsibility to confirm that it may lawfully and safely operate its vehicle and its contents over any road, highway, bridge and/or route. Carrier shall be solely responsible for any fines, penalties, or citations that may be levied as a result of operating its vehicle equipment and its contents in any way that may be found to be in violation of any regulation, law or ordinance.

Receiver's Driving Directions

RECEIVER 1 - Stryker US CDC Warehouse: 69south to I-465S to I-70 west. Take IN-267 NORTH via exit 66. 267N & driver will turn right at the light onto Perry Road. Driver will go through one more light & continue to the bend in the road. Genco/Stryker CDC is located on the right hand side at 1551 Perry Road. The building looks like part of the front was destroyed. Take little road for truckers entrance just past main entrance.



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #509568824**C.H. Robinson Contract Addendum and Carrier Load Confirmation Conditions**

THIS LOAD CONFIRMATION IS SUBJECT TO THE TERMS OF THE AGREEMENT FOR MOTOR CONTRACT CARRIER SERVICES ("AGREEMENT") PREVIOUSLY EXECUTED BETWEEN OUR COMPANIES AND THIS CONSTITUTES AN ADDENDUM TO THE TERMS OF THAT AGREEMENT. WE AGREE TO PAY THE RATES AND CHARGES SHOWN ABOVE AND NO DIFFERENT TARIFF RATE OR SCHEDULE OF RATES APPLY. THIS LOAD CONFIRMATION IS INCLUSIVE OF ALL CHARGES. UNLESS ORAL AND WRITTEN FAX OBJECTIONS ARE MADE TO ITS TERMS, AT THE EARLIER OF WITHIN TWENTY-FOURS (24) HOURS OF RECEIPT OR PRIOR TO WORK BEING INITIATED, YOU HAVE AGREED TO THESE TERMS.

Additional Terms**1.**

Unless C.H. Robinson provides written notice herein that this term does not apply to this shipment, Carrier's motor vehicle equipment shall be dedicated to C.H. Robinson's exclusive use while transporting the cargo subject to this booking. Carrier's violation of this exclusive use requirement shall result in Carrier's forfeiting its right to be paid for the transportation services contemplated by this Load Confirmation, not as penalty, but as liquidated damages.

2.

Cash advance requests made after regular business hours will not be authorized. If Carrier requires a cash advance, Carrier must make arrangements with the C.H. Robinson booking representative during normal business hours and/or upon booking this shipment. Cash advance requests made outside of the C.H. Robinson booking branch's regular business hours may not be authorized. If Carrier requires a cash advance, Carrier must make arrangements with the C.H. Robinson booking branch during its normal business hours and/or upon booking this shipment.

3.

This rate is contingent upon successful and on-time completion of all load requirements as orally stipulated or written on this Addendum and rate may be subject to reduction if Carrier fails to complete any applicable terms and conditions. Rate may be reduced if load picks up or delivers after originally scheduled time and date. Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in loss of future business opportunities with C.H. Robinson and/or cancelation of the Agreement.

4.

Accessorial charges (including but not limited to labor, detention, and/or layover charges) must be authorized and approved prior to or at time of occurrence. C.H. Robinson will not provide any reimbursement of any non, prior-approved accessorial charges. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lump sum receipt is provided when a lump sum is hired, and/or that both are included as supporting documents with the Carrier's invoice. All overage, shortage, and damage must be reported to C.H. Robinson immediately, at time of occurrence, and noted on the bill of lading.

5.

C.H. Robinson's Customer requires that Carrier provide, through C.H. Robinson, the following electronic shipment status updates via EDI, NavisphereCarrier, the Navisphere driver app, or some other electronic method of providing shipment status updates (unless otherwise specified on this confirmation): - Arrival at and departure from Shipper(s) within thirty (30) minutes of occurrence; - A minimum of one check call per day, prior to 10:00am, each day that Carrier is in possession of this shipment; and - Arrival at and departure from Receiver(s) within thirty (30) minutes of occurrence.

6.

For any problems or issues after regular business hours or over the weekends, please contact C.H. Robinson at (888) 278-9441.

7.

For this shipment, Carrier agrees it shall be in possession of relevant and applicable cargo insurance coverage in an amount sufficient to cover the loss or damage of the cargo being transported. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried on this booking. If Carrier's cargo insurance policy contains a schedule of covered vehicles or equipment, Carrier will not transport any cargo on this booking using a vehicle and/or equipment that is not listed as scheduled on Carrier's cargo insurance policy.



STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 3/24/2025

STRYKER MAKO
3365 Enterprise Ave
Weston, FL 33331
Jarlén Suero (305) 890-7418
Reference Number: 104750591742820670

Consignee: Due Date 3/25/2025

Stryker US CDC Warehouse I
1551 Perry Rd
STE 101
Plainfield, IN 46168
REC DEPT (317) 837-3141
Reference Number: 25434908

Carrier: Zigi Freight Inc
Pro#:
Load#: 509568824

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 10475059		Medical Equipment or Instruments	3 Wood Crate	3.00	4302	Dry	N/A 150
Dimensions: L 47.0in x W 44.0in x H 79.0in							
PO: 10475059		Medical Equipment or Instruments	3 Wood Crate	3.00	2841	Dry	N/A 150
Dimensions: L 63.0in x W 40.0in x H 79.0in							
				6	6	7143	

Shipper Special Instructions:

Driver MUST VERIFY CRATE SERIAL NUMBERS

Loaded crates 1074,1026,346 A/B.

SERIAL ROB:3217,3274,2197

ASN:104750591742820670

Please secure crates after loading

Consignee Special Instructions:

Appt at CDC is needed.

STRYKER MAKO

P/N 219999, 207110 & 209927

Driver MUST VERIFY CRATE SERIAL NUMBERS

Loaded crates 1074,1026,346 A/B.

Please secure crates after loading

SERIAL ROB:3217,3274,2197

Receipt Subject to Inspection
and Final Verification

Luana Mundy 3-2025

MAR 25 2025 PM 2:35

ASN:104750591742820670

Comments:

For problems on this shipment, please contact BARCKEV@chrobinson.com

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

Shipper Signature X [Signature]

Consignee Signature X [Signature]

Driver Signature X [Signature]

Permanent post-office address of shipper.

Date: 03/24/25

Trailer # H03241

Seal # 16352267

Date: 03/24/25

Seal #

Receipt Subject to Inspection
and Final Verification

Luana Mundy 3-25-25