



INVOICE

BILL TO:

RUAN TRANSPORT CORPORATION
666 GRAND AVENUE
DES MOINES, IA 50309

INVOICE DATE: 05/01/2025**INVOICE #:** R88864**TERMS:** NET 30**DUE DATE:** 06/01/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
04/30/2025		509 Fishing Creek Rd, Lewisberry, PA 17339-9517 - 2200 Cornerstone Pkwy, Grayslake, IL 60030, USA			
		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

Ruan Transport Corporation
PO Box 9319
Des Moines, IA 50306



Issues, questions or reporting lumpers: Contact your Ruan representative.

Ruan Transportation does not issue ComData or EFS checks to 3rd party carriers.

Contact your Ruan rep: Georgette Pelt

Email: gpelt@ruan.com

Phone: +19208665059

For Track & Trace or reporting in/out times, email Brokeragetracking@ruan.com or call 1-800-513-9319

Ruan uses Trucker Tools for all tracking. Drivers must comply with App tracking requests or be set up for ELD tracking.

Load Tender Confirmation

Route # 3000138578

Mode: Truck

Size: FTL

Route Type: OTR

Distance: 692 Miles

of Stops: 2

Origin

Lewisberry, PA 17339-9517

Destination

Grayslake, IL 60030-9712

Date: 4/30/2025

Equipment: Van 53

Expected Min Temp:

Expected Max Temp:

Temp Setting:

Carrier: Royal3 INC

MC#: 944686

DOT#: 2828543

Contact: DISPATCH DISPATCH

Phone: +16304857370

Email: DISPATCH@ROYAL3INC.COM

Total Rate: \$1,050.00 USD

Notes:

Route Refs:

Vendor Refs:

Stop 1 - Pick Up

Nipro Renal Solutions
509 Fishing Creek Rd,
Lewisberry, PA 17339-9517

Date/Time: 4/30/2025 06:00 - 11:00

Scheduling: Open

Loading Type: Live

Pallet Count:

Work: No Touch

PU #: 82389866

Special Reqs: ;

Pick Up Instructions:

Facility Notes: *TRAILER MUST BE FOOD GRADE*
2 LOADS LOCKS OR STRAPS REQUIRED FOR LOADING

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										
24	Pallet			No	Solution hemodialysis, 4518270946	0 L x 0 W x 0 H ft	No	No					42,048 lb
Total HU: 24				Total Pcs: 0			Total Cmdty: 1			Total Wgt: 42048 lb			

Stop 2 - Delivery

Medline Industries
2200 Cornerstone Pkwy,
Grayslake, IL 60030-9712

Date/Time: 5/1/2025 03:00
Scheduling: Appointment
Loading Type: Live
Pallet Count:
Work: No Touch

PO #: 4518270946
Cust Ref #: 3223539

Special Reqs: ;

Delivery Instructions:

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										
24	Pallet			No	Solution hemodialysis, 4518270946	0 L x 0 W x 0 H ft	No	No					42,048 lb
Total HU: 24				Total Pcs: 0			Total Cmdty: 1			Total Wgt: 42048 lb			

Carrier Cost Date: 04/30/2025 09:34 CST				
Cost Type	Currency	Cost Per	Units	Total Cost
Flat Rate	USD	\$1,050.00	1	\$1,050.00

Total Cost	\$1,050.00
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Freight and Payments Terms

Driver must call in for pick-up and load information, along with arrival & departure of pick-up, while in transit, and arrival & departure of delivery. Please make sure driver checks their BOL to confirm all information regarding pick-up and delivery is accurate before leaving the Shipper

Please be sure the driver picks/drops the correct pick-up numbers at the corresponding locations. Drivers must check the BOL at each drop to ensure all freight is delivered. If there is any freight left on the truck, then driver can be held responsible for re-delivery. Do not let driver leave receiver without confirmation that all freight has been unloaded for that corresponding drop. Any discrepancies must be called in before driver leaves facility.

If a scale ticket is required all loads must be weighted and freight must be scaled for overweight.

Notice of any delays or potential service issues must be communicated to Ruan representative a minimum of 2 hours prior to scheduled appointment. Any costs resulting from the service fail will be charged back to the carrier.

Any potential fees or penalties are outlined in the Ruan Accessorial Fee Schedule and/or Customer Specific Accessorial Fee Schedule.

Notice of detention must be communicated to Ruan representative at least 30 minutes before detention begins. OSD, Lumpers, pallets, and miscellaneous charges must be reported at time of occurrence. Supporting documentation for accessorial must be sent within 24 hours of delivery. Lumpers must be called in and reported upon delivery. Lumper will not be reimbursed unless called in at the time of occurrence. Lumper receipt is required with invoice for payment.

All seals put on a trailer must not be removed by the driver unless requested by the receiver and the removal is witnessed by an authorized representative of the receiving company. Any claims that are filed due to the removal of a seal outside of these guidelines will be the responsibility of the delivery carrier.

This load must be shipped within the guidelines set forth when booking the load. If a load is found to be shipped via Rail, adjusted from full truckload to less than truckload, sub-contracted to another transportation provider, or any other mode other than what is agreed upon without expressed written permission from a Ruan representative, then Ruan reserves the right to withhold payment in full.

Payment Information

For Standard & Quick Pay:

Please send Invoices with Route number to:

carrierbilling@ruan.com

Fax: (515) 875-5030

**Mail: Ruan Transport Corporation, P.O. Box 9319,
Des Moines, IA 50306**

Signed POD, invoice and all accessorial receipts must be submitted for payment.

To change your pay terms to quick pay (2% fee paid 5 days from receipt of invoice) please send email request to carrierprocurement@ruan.com

For payment inquiries: Email paystatus@ruan.com or call 515-245-2630. Reference Ruan Route#, please allow 48 hours for response.

There will be a \$5.00 processing fee for any com-checks.

Legal Terms and Signoff

By accepting this load, Carrier hereby represents and warrants that it has carefully analyzed the transit times required to meet the scheduled pick-up, delivery dates and time indicated above, and is capable of performing the services contemplated herein within the time limits requested and in full compliance with the Hours of Service regulations of the Department of Transportation as set forth in Title 49 of the Code of Federal Regulations, and all other applicable Federal, State, and local laws, rules, regulations, and ordinances. It is the responsibility of the Carrier to not accept any load tender with delivery and/or pick-up times and dates which would result in carrier violating any applicable laws or regulations. Routing instructions are for informational purposes only. Carrier follows all DOT hiring and safety regulations.

Carrier has read this entire Load Tender Confirmation and by accepting and transporting the Shipment, 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 Load Tender Confirmation, this Shipment shall be governed by the terms and conditions of the Motor Transportation Contract between Broker and Carrier, which are deemed incorporated herein.

Please sign and return to Ruan

April 30, 2025

BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

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SHIP FROM
Nipro Renal Solutions
509 Fishing Creek Rd.
Lewisberry PA 17339
717-938-8391

SHIP TO

Medline Industries - C02
2200 Cornerstone Pwky
Suite 100
Grayslake, IL 60030

Bill of Lading Number: 82389866

Carrier Name: RUAN

Trailer Number:

Seal Number 49713571

Medline Appt ID: 3223539

Medline PO NUMBER: 4518270946

MEDLINE INDUSTRIES

DROP DATE 5-1-25

SEAL NUMBER

UNLOAD DATE 5-1-25

OF PIECES RCVD 576

OF PALLETS RCVD 24

Short Over Damaged

Shrink wrap Intact - (Yes/No)

THIRD PARTY FREIGHT CHARGES BILL TO

Special Instructions: GATE CODE: 60279#

Delivery Appt Time: - 5/01: 3 am

Freight Charge Terms (Freight charges are prepaid unless marked otherwise):
Prepaid ☐ Collect ☐ 3rd Party ☐ Sign for Pieces AND Pallets

☐ Master bill of lading with attached underlying bills of lading

RCVD BY

CUSTOMER ORDER INFORMATION

Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information
			Y N	Liquid Sodium Bicarbonate 4/1 gal
			Y N	Hemodialysis Liquid Citric Concentrate 4/1 gal
			Y N	Hemodialysis Liquid Citric Concentrate 55 gal
			Y N	Dry Sodium Bicarbonate
			Y N	Dry Hemodialysis Acid Concentrate 25gal
Grand Total	576	42,048		

CARRIER INFORMATION

Handling Unit		Package		Weight	HM (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 350</small>	LTL Only	
Qty	Type	Qty	Type				NMFC No.	Class
24	pallets		cases			Liquid Sodium Bicarbonate Solution 4/1 gal		55
			cases			Hemodialysis Liquid Citric Concentrate 4/1 gal		
			Cases			Dry Sodium Bicarbonate		
		576	cases	42,048		Dry Hemodialysis Acid Concentrate 25gal		
			Drums			Hemodialysis Liquid Citric Concentrate		

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 ☐ Prepaid ☐ Customer check acceptable ☐

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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 charges and all other lawful fees.

Shipper Signature

Shipper 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

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 DOT.

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.