



11215 North Community House Road
Charlotte, NC 28277
Phone: 1-833-TRAK-RXO (1-833-872-5796)
Email: invoiceinquiry@rxo.com
Remittance: Remit@rxo.com

INVOICE DATE	DUE DATE	ORDERED BY
05/30/2024	8/28/2024	
INVOICE #	INVOICE AMOUNT	CONTACT NAME
14962961	\$2520.96	

BILL TO:

BSH HOME APPLIANCES CORP.
C/O CASS INFORMATION SYSTEMS
PO BOX 17604
St. Louis, MO 63166

REMIT TO: CHECK

USD Payments – Check
RXO Capacity Solutions LLC
27724 Network Place
Chicago, IL 60673-1277

CAD Payments – Check
RXO Capacity Solutions LLC
P.O. Box 15596, Station A
Toronto, Ontario M5W 1C1

REMIT TO: ACH

USD Payments - ACH
JPMorgan Chase Bank, N.A.
ABA Routing #: 021000021
Account #: 587081253

CAD Payments – ACH
JPMorgan Chase Bank, N.A.
Toronto Branch
Acct#270-00012-4000010920

MODE	EQUIPMENT TYPE	VEHICLE ID	BOL	PRO #	CUSTOMER REF #
TL_CONT	Van		2506301904		838608330

SHIP DATE	DELIVERY DATE	BILLING TYPE	TOTAL WEIGHT	TOTAL MILEAGE
05/17/2024	05/21/2024	Prepaid	29364.000	1328.6

DESCRIPTION	WEIGHT	DIMENSIONS	PIECES	CLASS	UOM	RATE	QTY	AMOUNT
A1 APPLIANCES	29364		63		Flat	1947.00	1.00	\$1947.00
Fuel - Distance- CASS					Distance	0.43	1328.60	\$573.96

STOPS	MILEAGE	TYPE	QUAL	REF #
BOSCH-SIEMENS HOME APPLIANCES 300 Executive Parkway New Bern, NC 28562	1328.6	PU	BM	2506301905
BEST BUY DDC 075 609 ENTERPRISE ROAD BLDG #3 STE 300 Flower Mound, TX 75028		SO	BM AO	2506301906 87590707

ACCESSORIALS	UOM	QTY	RATE	AMOUNT	CURRENCY	FREIGHT	\$1947.00
					USD	NET LINEHAUL	
						FUEL	\$573.96
						ACCESSORIALS	\$0.00
						TOTAL TAX	\$0.00
							GST/HST \$0.00
SUBTOTAL						TOTAL	\$2520.96

Thank you for your business!

HST/GST Number 81520 6396. QST Number 12255 06007 TQ0001. Unless otherwise agreed to in a written agreement signed by RXO Capacity Solutions LLC or any of its affiliates (together, "RXO"), any transportation brokerage and/or other transportation intermediary-related services provided by RXO are subject to the limitations of liability and other provisions of its Customer Standard Terms and Conditions (the "Customer Terms"), which are incorporated herein by reference. The Customer Terms, which set forth RXO's and any customers' respective rights and responsibilities, can be found at www.rxo.com/business-terms or by emailing stc@rxo.com. All freight charges must be paid in full before any loss or damage claims can be administered. Terms of payment are standard Net 30 from invoice date unless noted otherwise on invoice. Interest is calculated at 2% per month of the overdue account. In the event of non-payment, the cost of collections and/or attorneys' fees plus interest will be added to the invoice. Invoice-related disputes must be filed in writing with RXO within 60 days of receipt of the invoice or the claim is waived.

Ship Date: 05/17/2024 **SUPPLEMENT TO THE MASTER BILL OF LADING**

Page: 2/2

Master Bill of Lading Number: 2506301906

DELIVERY #	CUSTOMER ORDER #	CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO
		QUANTITY	Volume	WEIGHT			
S623642412	TERMNO	1	12.862 FT3	88	LB		
S623642430	TERQJF	1	4.442 FT3	51	LB		
S623642728	TEQXSQ	1	19.362 FT3	186	LB		
S623642730	TERSPB	1	10.783 FT3	59	LB		
S623643123	TETBOA	1	15.760 FT3	101	LB		
GRAND TOTAL		11	132.108 FT3	984	LB		

Ship Date: 05/17/2024

MASTER BILL OF LADING

Page: 1/2

SHIP FROM CDC New Bern Central Distribution Center BSH Home Appliances Corp 300 Executive Parkway New Bern NC 28562		Master Bill of Lading Number: 2506301906	
SHIP TO BEST BUY CO, INC DDC#75 VENDOR #805190048 609 ENTERPRISE ROAD, STE 400 FLOWER MOUND TX 75028 #972-691-6308 <i>Opuntia</i> <i>8909375</i> <i>2nd</i> <i>33698</i>		CARRIER NAME: RXO Trailer number: Tail -RXO: 568825 Seal number(s): C632971 SCAC: XPOLHDC/DDC <u>75</u> Date: <u>5/21/2</u> Pro number: Over <u>0</u> Short <u>0</u> Damaged: <u>0</u> Refused: <u>0</u> Total Ctns: <u>11</u> Emp: <u>1</u> <i>Don't Shrink Wrap Color</i>	
SPECIAL INSTRUCTIONS: 2506301904/BBY#87590707		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <u> </u> Collect <u> </u> 3 rd Party <u> </u> <input checked="" type="checkbox"/> (check box) Master Bill of Lading with attached underlying Bills of Lading	

CUSTOMER ORDER INFORMATION							
DELIVERY #	CUSTOMER ORDER #	QUANTITY	Volume	WEIGHT		ADDITIONAL SHIPPER INFO	
8623638667	TEQCSO	1	15.760 FT3	101	LB		
8623638671	TEQFCY	1	15.760 FT3	101	LB		
8623638975	TEQVWY	1	9.885 FT3	88	LB		
8623640156	TEQXYU	2	11.735 FT3	115	LB		
8623640167	TEQARM	1	15.760 FT3	94	LB		
PALLET COUNT				LB			
PAGE SUBTOTAL		6	68.900 FT3	499	LB		

Where the rate is dependent of 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 _____

SWP _____ LBS _____ PCS _____

RECEIVED in apparent good order (condition of contents of packages unknown) except as noted by carrier at the time of pickup, 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; all the terms and conditions of the NMFC Straight Bill of Lading; and all applicable state and federal regulations.

SHIPPER SIGNATURE / DATE

This is to certify that above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to any applicable transportation regulations.

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.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

Third Party Freight Charges Bill To: BSH Home Appliances C/O CASS INFORMATION SYSTEMS PO BOX 17604 ST LOUIS, MO 63133

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. * 14706(c)(1)(A) and (B)

Receiving Date: _____ Time In: _____ Time Out: _____

Consignee Appt date / Time: _____

Signature: _____

Printed Name: _____

Ship Date: 05/17/2024

MASTER BILL OF LADING

Page: 1/1

SHIP FROM
CDC New Bern
Central Distribution Center
BSH Home Appliances Corp
300 Executive Parkway
New Bern NC 28562

Master Bill of Lading Number: 2506301905

SHIP TO
#75 DALLAS, TX BEST BUY C/O PS
APP MUST SCH @ EXTENDINGTHEREACH.COM
609 ENTERPRISE DRIVE SUITE 400
FLOWER MOUND TX 75028

CARRIER NAME: HXO
Trailer number: Middle -RXO: 568825
Seal number(s): C632971

SCAC: XPOL
Pro number:

#972-691-6308

on the 8409315
trk 14 3305 15

SPECIAL INSTRUCTIONS:
2506301904/BSY#87590707

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

Prepaid Collect 3rd Party☒
(check box)Master Bill of Lading: with attached
underlying Bills of Lading

CUSTOMER ORDER INFORMATION

DELIVERY #	CUSTOMER ORDER #	QUANTITY	Volume	WEIGHT	ADDITIONAL SHIPPER INFO
6623638623	TEQDH	1	12.167 FT3	87 LB	
8623642307	TEPRBZ	2	100.504 FT3	842 LB	
RDC/DDC 75 Date 5/21/24		0	Short 0		
Over 0		0	Refused 0		
Damaged 0		3	Emp C. Contreras		
Total Ctns 3					
Driver Sign: [Signature]					
Shrink Wrap Color					

PALLET COUNT

LB

GRAND TOTAL

3

112.671 FT3

929 LB

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 _____"

SWP LBS PCS

RECEIVED in apparent good order condition of contents of packages unknown except as noted by carrier at the time of pickup, subject to individually determined rates of 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; all the terms and conditions of the HMF C Straight Bill of Lading; and all applicable state and federal regulations.

SHIPPER SIGNATURE / DATE

This is to certify that above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to any applicable transportation regulations.

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.

Trailer Loaded:

Freight Counted

☐ By Shipper☐ By Shipper☐ By Driver☐ By Driver-pallets add to count☐ By Driver/Pieces

Third Party Freight Charges Bill To: BSH Home Appliances C/O CASS INFORMATION SYSTEMS PO BOX 17604 ST LOUIS, MO 63133

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. * 14706(c)(1)(A) and (B)

Receiving Date: Time In Time Out

Consignee Appt date / Time:

Signature:

Printed Name:

Ship Date: 05/17/2024 **SUPPLEMENT TO THE MASTER BILL OF LADING**

Page: 2/2

Master Bill of Lading Number: 2506301904

DELIVERY #	CUSTOMER ORDER #	CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO
		QUANTITY	Volume	WEIGHT			
8623642363	TENOEC	5	257.710 FT3	1786	LB		
8623644625	TETHHO	9	504.818 FT3	3203	LB		
GRAND TOTAL		44	1424.182 FT3	9909	LB		

0.24#
840 9375
wa 336975

Ship Date: 05/17/2024

MASTER BILL OF LADING

Page: 1/2

CDC New Bern
Central Distribution Center
BSH Home Appliances Corp
300 Executive Parkway
New Bern NC 28562

SHIP FROM

Master Bill of Lading Number: 2506301904

BEST BUY CO, INC DDC#75
VENDOR #805190048
609 ENTERPRISE ROAD, STE 400
FLOWER MOUND TX 75028

SHIP TO

CARRIER NAME: RXO

Trailer number: Nose -RXO: 568825

Seal number(s): C632971

SCAC: XPOL

Pro number: Over

Damaged

Total Ctns

Driver Sign: *[Signature]*

Shrink Wrap Color

Date: 5/21/24

Short: 0

Refused: 0

Emp: *[Signature]*

TIME IN: 17:32

TIME OUT: 22:10

DRIVER: *[Signature]*ISH EMPLOYEE: *[Signature]*

#972-691-6308

SPECIAL INSTRUCTIONS:
2506301904/BBY#87590707

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

Prepaid

Collect

3rd Party☒ (check box)Master Bill of Lading, with attached
underlying Bills of Lading

CUSTOMER ORDER INFORMATION

DELIVERY #	CUSTOMER ORDER #	QUANTITY	Volume	WEIGHT	ADDITIONAL SHIPPER INFO
8623636641	TEMIRA	5	37.270 FT3	314 LB	Check-In 5-17-24 17:30 in 22:55 - out SHIPPER
8623641671	TEBICD	7	109.134 FT3	737 LB	
8623641683	TEGDTM	10	151.670 FT3	1162 LB	
8623642336	TEBOCO	2	54.328 FT3	564 LB	
3623642352	TEKKYO	6	309.252 FT3	2143 LB	

PALLET COUNT

LB

PAGE SUBTOTAL

30

661.654 FT3

4920

LB

Where the rate is dependent of value, shipper is 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

SWP

LBS

PCS

RECEIVED in apparent good order (condition of contents of packages unknown) except as
noted by carrier at the time of pickup, 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; all the terms and conditions of the NMFC Straight Bill of Lading; and all
applicable state and federal regulations.

SHIPPER SIGNATURE / DATE

This is to certify that above named materials are properly
classified, packaged, marked and labeled, and are in proper
condition for transportation according to any applicable
transportation regulations.

CARRIER SIGNATURE/PICKUP DATE

Carrier acknowledges receipt of packages and required
pallets. 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.

Trailer Loaded:

☐ By Shipper☐ By Driver

Freight Counted

☐ By Shipper☐ By Driver/pallets used to contain☐ By Driver/Pieces

Third Party Freight Charges Bill To: BSH Home Appliances C/O CASS INFORMATION SYSTEMS PO BOX 17604 ST LOUIS, MO 63133

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. * 14706(c)(1)(A) and (B)

Receiving Date:

Time In:

Time Out:

Consignee Appt date / Time:

Signature:

Printed Name: