



ORIGINAL INVOICE

FXFE PRIORITY

Send payment to: DEPT CH PO BOX 10306 PALATINE IL 60055-0306
 Direct Billing Inquiries to 2200 Forward Dr Harrison AR 72602-0840
 EMAIL customersolutions@fedex.com WEBSITE www.fedex.com
 PHONE 870.741.9000 FAX 870.365.4354 TOLL-FREE 866.393.4585

Shipper

MERITS HEALTH PRODUCTS
 4245 EVANS AVE
 FORT MYERS FL 33901

Freight Bill Number 393303307510

Ship Date / Invoice Date 09/17/2025 / 09/25/2025

Bill of Lading Number

P.O. Number LURRY PAYNE, MAY

Shipper Reference Number 80318

I/L PRO Number

Terms COLLECT

Origin / Destination FMY / CGX

Total Amount Due 68.25**Payment Due Date 10/10/2025****Consignee**

ADVANCED MEDICAL SUPPLY
 3322 NORTH MILWAUKEE AVENUE
 CHICAGO IL 60641

Bill To / Payment Due From

ADVANCED MEDICAL SUPPLY
 3322 N MILWAUKEE AVE
 CHICAGO IL 60641-4001

Account # 300979880

| PIECES | PALLETS | HIM | DESCRIPTION | WT(LBS) | NMFC | CLASS | RATE | TOTAL CHARGES |
|--------|---------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|-------|------|---------------|
| 1 | | | LURRY PAYNE, MAYEN 80318 SHPR# 80318 CUST# MEDICAL EQUIPMENT WEB-SERVICES *FXF EZONE01/06/25 ILS 13124 INVOICING UPDATE 7732056993 2397720579 0000036 CUBIC FEET 0000049 DEFICIT WT=LOWER CHARGES DIMS:0001HU@ 048.0"X040.0"X032.0" 006825 : LIFTGATE DELIVERY-COLL 548161229-119-0-2 RATED AS..... PLACE FREIGHT ACCT ON BOL | 451 | | 092 | | |
| | | | ----- Invoicing Summary ----- Original Invoice Amount Less Amount Paid Less Freight Bill Adjustments Totals / Amount Due by (10/10/2025) | 49 | | | | 68.25 |
| 1 | | | | 500 | | | | 68.25 |
| | | | | 451 | | | | 68.25 |

Rate Tariff: 548161229-119-0

Remittance Advice
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Payment Due From Account # 300979880Send to: DEPT CH PO BOX 10306
 PALATINE IL 60055-0306

FXF

ADVANCED MEDICAL SUPPLY
 3322 N MILWAUKEE AVE
 CHICAGO IL 60641-4001

Address Change? Please check the appropriate box and fill out the information on the reverse side of this form.

| |
|--------------------------|
| FREIGHT BILL NUMBER |
| 393303307510 |
| SHIP DATE / INVOICE DATE |
| 09/17/2025 / 09/25/2025 |
| TERMS |
| COLLECT |
| PAYMENT DUE DATE |
| 10/10/2025 |
| PLEASE PAY THIS AMOUNT |
| 68.25 |

**Thank You!**

393303307510 000000006825 09252025 3

1267-01-00-0013858-0001-0038166



STATEMENT

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| |
|-------------------------|
| STATEMENT NUMBER |
| AB60274598 |
| CUSTOMER NUMBER |
| 300979880 |
| STATEMENT DATE |
| 09/25/2025 |

Bill To / Payment Due From

ADVANCED MEDICAL SUPPLY
 3322 N MILWAUKEE AVE
 CHICAGO IL 60641-4001

TO ACCESS YOUR FEDEX FREIGHT ACCOUNT AND REVIEW
 OPEN INVOICES, GO TO ACCOUNT MANAGEMENT TOOLS
 UNDER THE SUPPORT MENU ON FEDEX.COM.

| FREIGHT BILL DATE | FREIGHT BILL NUMBER | SRVC | AMOUNT DUE | FREIGHT BILL DATE | FREIGHT BILL NUMBER | SRVC | AMOUNT DUE |
|--------------------------------|---------------------|------|------------|-------------------|---------------------|------|------------|
| 09/17/2025 | 393303307510 | | 68.25 | | | | |
| TOTAL STATEMENT CHARGES | | | | | | | 68.25 |


Remittance Advice

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Payment Due From Account # 300979880



Send to: DEPT CH PO BOX 10306
 PALATINE IL 60055-0306

FXF
 0013858 01 AB 0.64 **AUTO T7 2 1267 60641-400122 -C01-P13871-I



ADVANCED MEDICAL SUPPLY
 3322 N MILWAUKEE AVE
 CHICAGO IL 60641-4001

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| |
|--------------------------------|
| STATEMENT NUMBER |
| AB60274598 |
| STATEMENT DATE |
| 09/25/2025 |
| CUSTOMER NUMBER |
| 300979880 |
| TOTAL STATEMENT CHARGES |
| 68.25 |



Thank You!