

REGI



# 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	HM	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					68.25
			Less Amount Paid					
			Less Freight Bill Adjustments					
1			Totals / Amount Due by (10/10/2025)	451				68.25

**Rate Tariff: 548161229-119-0**


## Remittance Advice

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FXF

☐ **Address Change?**

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

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



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



## STATEMENT

Send payment to: DEPT CH PO BOX 10306 PALATINE IL 60055-0306  
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EMAIL customersolutions@fedex.com WEBSITE www.fedex.com  
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<b>STATEMENT NUMBER</b>	<b>AB60274598</b>
<b>CUSTOMER NUMBER</b>	<b>300979880</b>
<b>STATEMENT DATE</b>	<b>09/25/2025</b>

**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	<b>393303307510</b>		68.25				
				<b>TOTAL STATEMENT CHARGES</b>			68.25



## Remittance Advice

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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!