

Bill to:

PARAMOUNT TRANSPORTATION LOGISTICS SERVICES, LLC 315 NE 14th Street,,

Ocala,

FL,

34470

Invoice Date: 03/20/2023 Invoice #: 1736159 Terms: NET 30

Due Date: 04/20/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/17/2023		5633 Interstateview, Morristown, TN, USA - 932 Gateway Drive, Baraboo, WI, USA			
			1	1400	1400

TOTAL	
1400	

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

239-267-1910

800-510-9304

Order

Page

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1736159

Load Confirmation

Carrier:	BRZ		Contact:	Conor Smith
	BURBANK	II 60525	Phone:	

Date: 03/15/2023 Fax:

> Order: 1736159 Commodity: **FIXTURES** Miles: 721.0 Weight: 5630.0 LB

Trailer: Temp: Van (DAT)

BOL: Reference:

PU₁ Name: MALAR LIGHTING Date: 03/17/2023 0800 03/17/2023 1600 Address: 5633 INTERSTATE VIEW DR

> **MORRISTOWN** Driver Load: No driver loading or unload TN 37813

03/20/2023 0800 **SO2** FAIRFIELD INN Name: Date: 932 GATEWAY DR 03/20/2023 1200 Address:

> **BARABOO** WI 53913 Driver Load: No driver loading or unload

Payment Carrier Freight Pay: \$1,300.00

> **Trucker Tools Track Required** 100.00 **Total Carrier Pay:** \$1,400.00

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded. Special instructions:

Attention: Nancy Leffler 7709943807 17361591607266 This document is prohibited from use as a Bill of Lading or Proof of Delivery. This Rate Confirmation is confidential and for the sole use of you, The Carrier, and Paramount Transportation Logistics Services, LLC. It is not to be disseminated to any other party.

CALIFORNIA SHIPMENTS:

With your signature you are certifying that your company is Carb-Compliant in the state of California. Please provide the VIN and tag number of your tractor, and if you are utilizing a Transport Refrigeration Unit (TRU), please provide that unit's VIN and tag number in the provided spaces for verification purposes. Carrier or its agent certifies that any TRU equipment furnished will be in compliance with the in-use requirements of California's TRU regulations.

*Your signature constitutes a contractual agreement between your company and Paramount Transportation Logistics Services, LLC. We understand that this agreement has been approved by a person authorized to do so. If any information is incorrect, please contact us by email or telephone before executing the above agreement.

*This rate includes all stop-off charges, fuel surcharges, loading, unloading, etc. This rate cannot be changed, modified, or supplemented by reference to any other rates, rules, classification, schedule, or tariff. Carrier shall be liable for full loss resulting from loss, damage, injury, or delay. Full loss is the invoice price of freight tendered to the Carrier for transport. All loading and unloading, detention or other accessorial fees must be PRE-APPROVED IN WRITING by an authorized PTLS associate.

*The driver is responsible for checking and counting the freight at pickup. Driver must report any overages, shortages, or damaged product immediately.

*All carrier invoices must be presented for payment with original Bill of Lading signed by shipper, carrier, and consignee as Proof of Delivery, signed Settlement Pay Sheet (when applicable), and a signed copy of this Rate Confirmation.

*For sealed loads, seal numbers and Seal Intact notation must appear on Bill of Lading.

*Driver must count during loading or get SLC notation on Bill of Lading.

Complete set of documents must be received within 48 hours of delivery or payment will be delayed. Contract in USD and monies paid in USD. ALL documents must reference our order number.

Shipments are exclusive use unless otherwise noted and GPS tracking is required to be performed. Please take a photo of the signed BOL including the Load # and send to carrierinvdocs@goptls.com.

Please Submit Invoices and backup to one of the following:

Email: payables@goptls.com (Preferred Method)

Fax: 937-283-6289

Mail: 315 NE 14th St Ocala, FL 34470

By signing this document, the carrier and/or its driver(s) (Carrier or You or Your) agree that they may legally receive SMS and/or electronic messages (Message(s)) originating from Paramount Transportation Logistics Services, L.L.C. (Paramount) or its contacted entity.

Responding to or reading any Message while driving a truck or motor vehicle can cause serious injury, death or property damage to You or others. You agree that You will not read or reply to a message unless Your vehicle is stationary and parked. Carrier and any employee and/or agent of Carrier assume all responsibility for abiding by these instructions and agree that they will comply with all applicable federal, state and local laws including, but not limited to; receiving, reading and/or sending Messages, phone calls and/or any other information to or from Paramount. Carrier agrees to release, indemnify, defend and hold Paramount harmless to the fullest extent permitted by law for any and all claims of any nature arising out of or relating to the Messages, the hauling of this load, any violation of the terms of the broker-carrier agreement or this rate confirmation. The safe, legal and proper operation of the Carrier supersedes any request, demand, preference, instruction or information provided by Paramount or its customers with respect to any shipment. If any employee of Paramount or its customer requests, demands, or instructs Carrier to take any action that violates any laws, Carrier shall refuse to transport a load and immediately contact Paramount before taking any further action. Carrier agrees that when it chooses to transport a load it does so on its own volition, exercising its own discretion and decision-making without coercion or undue influence by any individual or entity.

| Conor Smith | Driver Name: Santiago | Tractor VIN #:
| Driver Cell: 310-801-5287 | Tractor Tag #:
| (X) Accept | Driver Email: / Tractor TRU) VIN #:
| Tractor #: 909 | Trailer(TRU) Tag #:
| Trailer #: 173503

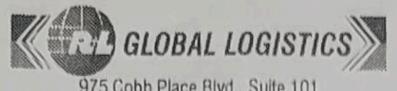
Attention: Nancy Leffler 7709943807 17361591607266

STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE

30#91638



P.O. Box 271 Wilmington, OH 45177-0271 800.543.5589 www.gorlc.com



975 Cobb Place Blvd., Suite 101 Kennesaw, GA 30144 866.314.7750 www.rlglobal.com



7290 College Parkway, Suite 200 Fort Myers, FL 33907 877.510.9133 www.rltruckload.com PLEASE PLACE PRO LABEL HERE

DATE 03/17/2023 CONSIGNEE PHONE 608-345-3349	SHIPPERS PHONE 423-587-2196			
TO: (PLEASE PRINT) CONSIGNEE FAIRFIELD INN	FROM: (PLEASE PRINT) Malar Contract Lighting, Inc.			
ADDRESS 932 GATEWAY DRIVE	ADDRESS 5633 Interstate View Drive			
STATE/COUNTRY ZIP CODE 53913	Morristown TN STATE ZIP CODE 37813			
HAZ-MAT EMERGENCY CONTACT NUMBER CONTRACT NUMBER	ER OFFERER'S NAME/CONTRACT HOLDER'S NAME			
BILL TO: (PLEASE PRINT) THIRD PARTY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	THIS SECTION FOR FUNDS TO BE COLLECTED FOR PRODUCT ONLY * Check Appropriate 80x. TOTAL \$ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AMOUNT > AMOUNT > Company Check			
CITY STATE ZIP	COD fee Shipper On a Collect On Delivery shipment(s), the letters "COD" must appear before consignee's name or as otherwise provided in			
	to be paid by: Consignee Item 430, Sec. I. REMIT COD TO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
SHIFFERS NO. G. T.	ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
LOAD# 4700450	CITY STATE ZIP			
	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			
SERVICES DELIVERY NOTIFICATION	(These services may require additional charges) R+L GUARANTEED WINDOW: Delivers within a window (minimum 1 hr) during business hours.			
REL GUARANTEED. Delivers by Noon on service date	(9 arn - 5 pm) on service date. Deliver between the hours of and onal charges apply)			
SPECIAL CARRIER - BRZ Trans INSTRUCTIONS: CARRIER - BRZ Trans				
	-I CHECK BOX IF COLLECT			
EDEICUT CUADCES ARE PREPAID UNIESS MA	rked collect check poxil correct -			
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