



**Bill to:**  
PARAMOUNT TRANSPORTATION LOGISTICS SERVICES, LLC  
315 NE 14th Street,,  
Ocala,  
FL,  
34470

Invoice Date: 07/06/2023  
Invoice #: 1786026  
Terms: NET 30  
Due Date: 08/06/2023

| Date       | Customer Ref # | Origin - Destination   | Quantity | Rate | Amount |
|------------|----------------|--|----------|------|--------|
| 07/05/2023 |                | 450 West 33rd Avenue, Oshkosh, WI, USA - 630 Commerce Center Drive, Fairfield, OH, USA |          |      |        |
|            |                |  | 1        | 1050 | 1050   |

|              |
|--------------|
| <b>TOTAL</b> |
| 1050         |

**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**

Paramount Transportation Logistics Svcs  
315 NE 14th Street  
Ocala, FL 34470-4112  
800-510-9304 239-267-1910

Page 1

**Load Confirmation**

**1786026**

**Carrier:** BRZ  
BURBANK IL 60525  
**Date:** 07/05/2023

**Contact:** Conor Smith  
**Phone:**  
**Fax:**

**Order**  
**Order:** 1786026  
**Miles:** 465.0  
**Temp:**  
**BOL:** P1158738  
**Customs Broker Info:**

**Commodity:** PPE  
**Weight:** 26160.0 LB  
**Trailer:** 53' Van (DAT)  
**Reference:**

**PU 1** Name: LAKESIDE PLASTICS Date: **07/05/2023 0800**  
Address: 450 W. 33RD AVE **07/05/2023 1700**

OSHKOSH WI 54901 Driver Load: No driver loading or unload

**SO 2** Name: WEST CHESTER PROTECTIVE GEAR Date: **07/06/2023 0800**  
Address: 630 COMMERCE CENTER DRIVE **07/06/2023 1500**

FAIRFIELD OH 45011 Driver Load: No driver loading or unload

**Payment**  
**Carrier Freight Pay:** \$1,050.00  
**Total Carrier Pay:** \$1,050.00

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

LAKESIDE PLASTICS - Clean dry and odor free. Must make ontime pickup and delivery. May result in chargeback if missed. please notify us 30 min before the 2hour mark for detention or detention will not be paid.  
MUST ACCEPT TRACKING

**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*

(X) Accept

( ) Decline

**Driver Name: Santiago**  
**Driver Cell: 310-854-9457**  
**Driver Email: /**  
**Tractor #: 909**  
**Trailer #: 173503**

**Tractor VIN #:**  
**Tractor Tag #:**  
**Trailer(TRU) VIN #:**  
**Trailer(TRU) Tag #:**



Date 7/05/23

## BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

Page 1 of 1

|   |  |             |  |  |  |               |  |   |  |  |  |   |  |  |  |  |  |              |  |  |  |
|---|--|-------------|--|--|--|---------------|--|---|--|--|--|---|--|--|--|--|--|--------------|--|--|--|
| <b>SHIP FROM</b>  |  |             |  | <b>SHIP TO</b>   |  |               |  | <b>THIRD PARTY FREIGHT CHARGES BILL TO</b>        |  |  |  | <b>SPECIAL INSTRUCTIONS</b>   |  |  |  |  |  |              |  |  |  |
| LAKESIDE PLASTICS<br>450 W. 33 <sup>RD</sup> AVE<br>OSHKOSH, WI 54901   |  |             |  | WEST CHESTER PROTECTIVE GEAR<br>630 COMMERCE DRIVE<br>FAIRFIELD, OH 45014<br>PICK UP#1158738 |  |               |  | [Name]<br>[Street Address]<br>[City, ST ZIP Code] |  |  |  | Special Instructions  |  |  |  |  |  |              |  |  |  |
|   |  |             |  | Carrier Name <b>RL TRUCKLOAD</b>   |  |               |  | SCAC:<br>Pro Number:<br><br><b>BAR CODE SPACE</b> |  |  |  | <b>Freight Charge Terms</b> (Freight charges are prepaid unless marked otherwise):<br>Prepaid   Collect X   3rd Party<br><input type="checkbox"/> Master bill of lading with attached underlying bills of lading. |  |  |  |  |  |              |  |  |  |
|   |  |             |  |  |  |               |  |   |  |  |  |   |  |  |  |  |  |              |  |  |  |
| <b>CUSTOMER ORDER INFORMATION</b>   |  |             |  |  |  |               |  |   |  |  |  |   |  |  |  |  |  |              |  |  |  |
| <b>Customer Order No.</b>   |  |             |  | <b># of Packages</b>   |  | <b>Weight</b> |  | <b>Pallet/Slip<br/>(circle one)</b>               |  | <b>Additional Shipper Information</b>  |  |   |  |  |  |  |  |              |  |  |  |
| P1158738  |  |             |  |  |  |               |  | Y   N   |  | 7200 PCS 1850-WC 18" CONES   |  |   |  |  |  |  |  |              |  |  |  |
|   |  |             |  |  |  |               |  | Y   N   |  |  |  |   |  |  |  |  |  |              |  |  |  |
|   |  |             |  |  |  |               |  | Y   N   |  |  |  |   |  |  |  |  |  |              |  |  |  |
|   |  |             |  |  |  |               |  |   |  |  |  |   |  |  |  |  |  |              |  |  |  |
| <b>Handling Unit      Package      LTL Only</b>   |  |             |  |  |  |               |  |   |  |  |  |   |  |  |  |  |  |              |  |  |  |
| <b>Qty</b>  |  | <b>Type</b> |  | <b>Qty</b>   |  | <b>Type</b>   |  | <b>Weight</b>                                     |  | <b>HM<br/>(X)</b>  |  | <b>Commodity Description</b>  |  |  |  | <b>NMFC No.</b>  |  | <b>Class</b> |  |  |  |
|   |  |             |  |  |  |               |  |   |  |  |  | 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 360        |  |  |  |  |  |              |  |  |  |
| 60  |  | SKIDS       |  |  |  |               |  | 26160   |  |  |  | #157242-SUB 9-MARKERS, STREET   |  |  |  | 157242   |  | 70           |  |  |  |
|   |  |             |  |  |  |               |  |   |  |  |  | TRAFFIC CONETYPE, PLASTIC NESTED  |  |  |  |  |  |              |  |  |  |
|   |  |             |  |  |  |               |  |   |  |  |  |   |  |  |  |  |  |              |  |  |  |
|   |  |             |  |  |  |               |  |   |  |  |  |   |  |  |  |  |  |              |  |  |  |
|   |  |             |  |  |  |               |  |   |  |  |  |   |  |  |  |  |  |              |  |  |  |
| 60  |  |             |  |  |  |               |  | 26160   |  |  |  |   |  |  |  |  |  |              |  |  |  |
| <div style="font-size: 2em; font-family: cursive;">           Smith Insurance 7/6/23         </div>   |  |             |  |  |  |               |  |   |  |  |  |   |  |  |  |  |  |              |  |  |  |
| 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 _____.  |  |             |  |  |  |               |  |   |  |  |  |   |  |  |  |  |  |              |  |  |  |
| <b>COD Amount: \$</b> _____<br>Fee terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/>  |  |             |  |  |  |               |  |   |  |  |  |   |  |  |  |  |  |              |  |  |  |
| <b>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).</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.   |  |   |  |  |  |  |  |              |  |  |  |
| <b>Shipper Signature</b> _____  |  |             |  |  |  |               |  |   |  | <b>Carrier Signature/Pickup Date</b> _____   |  |   |  |  |  |  |  |              |  |  |  |
| <b>Shipper Signature/Date</b>   |  |             |  |  |  |               |  |   |  | <b>Freight Counted:</b>  |  |   |  |  |  |  |  |              |  |  |  |
| 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.  |  |             |  |  |  |               |  |   |  | <b>Trailer Loaded:</b><br><input type="checkbox"/> By shipper<br><input type="checkbox"/> By driver  |  |   |  |  |  | <input type="checkbox"/> By shipper<br><input type="checkbox"/> By driver/pallets said to contain<br><input type="checkbox"/> By driver/pieces |  |              |  |  |  |
|   |  |             |  |  |  |               |  |   |  | 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. |  |   |  |  |  |  |  |              |  |  |  |

JUL 06 2023

WCPG