



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

Invoice Date: 08/15/2023
Invoice #: 1805549
Terms: NET 30
Due Date: 09/15/2023

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|------|--------|
| 08/14/2023 | | 8040 University Boulevard, Clive, IA, USA - 4753 East Lower Springboro Road, Waynesville, OH, USA | | | |
| | | | 1 | 1500 | 1500 |

| TOTAL |
|-------|
| 1500 |

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

1805549

Carrier: BRZ
BURBANK IL 60525
Date: 08/11/2023

Contact: Conor Smith
Phone:
Fax:

Order
Order: 1805549
Miles: 599.0
Temp:
BOL:

Commodity: VENDING MACHINES
Weight: 16000.0 LB
Trailer: Van (DAT)
Reference:

Customs Broker Info:

PU 1 Name: THE WITTERN GROUP Date: **08/14/2023 0800**
Address: 8040 UNIVERSITY BLVD **08/14/2023 1500**
FCFS
CLIVE IA 50325 Driver Load: No driver loading or unload

SO 2 Name: AREA WIDE ELECTRONICS & REFRIDGERATORS Date: **08/15/2023 0800**
Address: 4753 E LOWER SPRINGBORO RD **08/15/2023 1600**
FCFS
WAYNESVILLE OH 45068 Driver Load: No driver loading or unload

Payment
Carrier Freight Pay: \$1,400.00
Trucker Tools Track Required 100.00
Total Carrier Pay: \$1,500.00

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

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: CARLOS

Driver Cell: 786-484-5209

Driver Email:

Tractor #: 906

Trailer #: W97973

Tractor VIN #:

Tractor Tag #:

Trailer(TRU) VIN #:

Trailer(TRU) Tag #:

STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE



P.O. Box 271
Wilmington, OH 45177-0271
800.543.5589
www.rlcarriers.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 8/14/2023 | | CONSIGNEE PHONE 800.233.5413 | | SHIPPER'S PHONE 515.271.8526 | |
| TO: (PLEASE PRINT) CONSIGNEE Area Wide Inc | | | FROM: (PLEASE PRINT) SHIPPER U-Select-It | | |
| ADDRESS 4753 E Lower Springboro Rd | | | ADDRESS 8040 University Blvd | | |
| CITY Waynesville | | STATE/COUNTRY OH | ZIP CODE 45068 | CITY Clive | STATE IA |
| HAZ-MAT EMERGENCY CONTACT NUMBER | | CONTRACT NUMBER | | OFFERER'S NAME/CONTRACT HOLDER'S NAME | |
| BILL TO: (PLEASE PRINT) THIRD PARTY Paramount Transportation | | | THIS SECTION FOR FUNDS TO BE COLLECTED FOR PRODUCT ONLY | | |
| ADDRESS 16520 S. Tamiami Trail | | | * COD TOTAL \$ AMOUNT | | |
| CITY Fort Myers | | | STATE FL | | |
| ZIP CODE 33908 | | | Check Appropriate Box: <input type="checkbox"/> Certified Check <input type="checkbox"/> Company Check | | |
| SHIPPER'S NO. CFM48278-1 | | | *NOT APPLICABLE FOR TRUCKLOAD SHIPMENTS | | |
| PURCHASE ORDER NO. | | | COD fee: Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> | | |
| QUOTE NO. | | | On a Collect On Delivery shipment(s), the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. I. | | |
| | | | REMIT COD TO: | | |
| | | | ADDRESS | | |
| | | | CITY | | |
| | | | STATE | | |
| | | | ZIP CODE | | |

ADDITIONAL
SERVICES

- ☐ LIFTGATE ☐ INSIDE PICK UP ☐ INSIDE DELIVERY ☐ FREEZE PROTECTION ☐ RESIDENTIAL/Limited Access
☐ DELIVERY NOTIFICATION (These services may require additional charges)

R+L GUARANTEED
SERVICE OPTIONS

- ☐ R+L GUARANTEED: Delivers by 5 pm on service date ☐ R+L GUARANTEED WINDOW: Delivers within a window (minimum 1 hr) during business hours
☐ R+L GUARANTEED AM: Delivers by Noon on service date (9 am - 5 pm) on service date. Deliver between the hours of _____ and _____
(Additional charges apply)

SPECIAL
INSTRUCTIONS:

Call Doug Parson @ 800.233.5413 for delivery appointment

Prepaid (shipper is responsible)

Collect (consignee is responsible)

FREIGHT CHARGES ARE PREPAID unless marked collect CHECK BOX IF COLLECT ☐

| BULK | NO. SHIPPING UNITS | PKG. TYPE | HM | DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | NMFC ITEM NO | SUB | CLASS | WEIGHT (LB) SUBS. TO CORR |
|------|--------------------|-----------|----|--|--------------|-----|-------|---------------------------|
| | 32 | SKID | N | Vending Machines | 124590 | 2 | 85 | 16000 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Note 1 - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding: \$ _____ per _____

Note 2 - Liability limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

Note 3 - 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 Sec. 2(e) of NMFC Item 360.

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other charges.

(Signature of Consignor)

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; the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Bill of Lading set forth in the National Motor Freight Classification 100-X and successive issues. Further, carrier shall not be liable for damage to unprotected or uncrated freight or shipments.

Shipper hereby certifies that he is familiar with all of the terms and conditions in the said bill of lading including those on the back thereof and the said terms and conditions are hereby agreed to by shipper and accepted for himself and his assigns.

The shipper also certifies that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

| | | |
|---|---------|---|
| SHIPPER The Witter Group BBA U-Select-It | CARRIER | 1 |
| PER | PER | |

* Mark with an "X" to designate Hazardous Material as defined in Title 49 of the Code of Federal Regulations and insert Shipper's Haz-Mat Emergency Phone No.

Seal # 0006351