

**Bill to:**

KCH TRANSPORTATION, INC.  
6695 PEACHTREE INDUSTRIAL BLVD,  
Atlanta,  
GA,  
30301

Invoice Date: 12/18/2023

Invoice #: 8559951

Terms: NET 30

Due Date: 01/18/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/15/2023		14740 Kirby Drive, Pearland, TX 77584, U.S. - 1435 Isomedix Place, El Paso, TX 79936, U.S.			
			1	\$1,000.00	\$1,000.00

TOTAL
\$1,000.00

**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**

## Carrier Rate and Load Confirmation



KCH Transportation, Inc.  
1208 King Street Suite 320  
Chattanooga, TN 37403  
Jett Urtubees  
(931) 743- 4694 (phone)  
jurtubees@kchtrans.com

**Load Number:** 8559951

**Date:** 12/14/2023

**Equipment Type:** Dry Van 53'

**Customer Reference Number:**

**Carrier:** RIKI TRANSPORTATION INC.

**Contact:** Radoslav Kovacevic, (p) 973-563-3159 (f)

**Cargo Summary:** 12 (84.00x50.00x40.00 in), MEDICAL SUPPLIES, 6000 lbs

### Shipper Pickup (Stop 1)

CSI Pearland  
14740 Kirby Drive  
Pearland, TX US 77584  
**Expected Date:** 12/15/2023  
**Shipping/Receiving Hours:** 15:00-17:00  
**Appointment Required:** No  
**Appointment Time:**

**Shipper References:**  
**Instructions:**  
**Pickup/Delivery Number:**

### Consignee Delivery (Stop 2)

STERIS  
1435 Isomedix Place  
El Paso, TX US 79936  
**Expected Date:** 12/18/2023  
**Shipping/Receiving Hours:** 08:00-12:00  
**Appointment Required:** No  
**Appointment Time:**

**Consignee References:**  
**Instructions:**  
**Pickup/Delivery Number:**

### Shipment Information

Handling Unit		Package			
Qty	Type	Qty	Type	Weight	Commodity Description
12				6000 lbs	MEDICAL SUPPLIES

### Carrier Fees

Description	Cost
Net Freight Charges	USD 1,000.00
Total Cost	USD 1,000.00

- The rate shown includes any applicable fuel surcharges, pickup and delivery charges, loading and unloading, out-of-route, detention, storage, and/or all arbitrary charges, etc... Deviation from these rates must be approved in writing and signed by both parties.
- Any unauthorized unloading will only be reimbursed with a valid unloading receipt.
- Check calls must be made daily by 9 am EST or the carrier will be charged a penalty of \$100 per day.
- If pickup or delivery times are missed, the carrier will be subject to penalty charges of up to \$250 rate deduction per occurrence. Additional late delivery charges assessed by the consignee may also apply.
- To collect detention carrier must notify KCH TRANSPORTATION, INC within 2 hours after the appointment time of any delays. Late pick-ups or late deliveries are not eligible for detention charges. If a facility is FCFS, detention will only be paid if the carrier is loaded or unloaded outside of the regular pick-up or delivery hours. If applicable, the arrival and departure times must be stamped and/or written on the BOL.
- All refrigerated loads must be run continuously unless otherwise stated.
- The driver is responsible for all load counts. If the driver is not granted access to the loading dock, they must call the broker to notify them immediately.
- Driver must pulp product before leaving shipper. (Bulk Shipments Only)
- Failure to accept and maintain load tracking may result in a \$250 rate deduction.
- Any directions given to the carrier are for informational purposes only.
- Carrier acknowledges that they are solely responsible for compliance with all applicable HOS regulations, as well as all other FMCSA regulations.
- No drivers are authorized to break seals under any circumstances. Seals must only be broken by the consignee's personnel. Loads delivered without the seals intact will result in fines and potential claims.
- Carrier agrees this shipment will not be re-brokered or said carrier forfeits the right to collect charges and agrees KCH TRANSPORTATION, INC. may pay charges directly to the underlying carrier to collect charges and agrees.
- Carrier representative submission with acceptance and signature indicates approval of all rates and terms listed on rate confirmation.

**All Carrier Payments are now processed through TriumphPay.com**

Please register online in order to receive payments:

1. Go to [www.secure.TriumphPay.com](http://www.secure.TriumphPay.com)
2. Register your company
3. Connect with **KCH Transportation, Inc.**
4. Add your payment information
5. Control your money!

Login to TriumphPay.com to set up your default payment method.

**Todos los pagos del operador ahora se procesan a través de TriumphPay.com**

Regístrese en línea para recibir pagos:

1. Ir a [www.secure.TriumphPay.com](http://www.secure.TriumphPay.com)
2. Registre su empresa
3. Conéctese con **KCH Transportation, Inc.**
4. Agregue su información de pago
5. ¡Controla tu dinero!

Inicie sesión en TriumphPay.com para configurar su método de pago predeterminado.

**For Quick Pay please send your paperwork to [payments@kchtrans.com](mailto:payments@kchtrans.com)**

**Please send all invoices and supporting documents to [billing@kchtrans.com](mailto:billing@kchtrans.com) for payment processing.**

*Pay terms begin once KCH Transportation has received a carrier invoice, legibly signed proof of delivery, and all other supporting documents.*

**KCH TRANSPORTATION, INC.**  
**1208 King Street, Suite 320**  
**Chattanooga, TN 37403**  
**(770) 962-6829**  
**[www.kchtrans.com](http://www.kchtrans.com)**



## SHIP FROM

Name: CSI Pearland  
Address: 14740 Kirby Drive  
City/State/Zip: Pearland TX 77584  
Expected Ship Date: 12/15/2023  
Shipping Hours: 15:00-17:00  
Instructions:  
Pickup/Delivery Number:  
Shipping/Receiving Contact:

**KCH**  
Transportation

Load Number: 8559951  
Equipment Type: Dry Van 53'  
Carrier Name: RIKI TRANSPORTATION INC.  
Carrier SCAC: RIKN  
Quote/Contract Id:

## SHIP TO

Name: STERIS  
Address: 1435 Isomedix Place  
City/State/Zip: El Paso TX 79936  
Expected Delivery Date: 12/18/2023  
Receiving Hours: 08:00-12:00  
Instructions:  
Pickup/Delivery Number:  
Shipping/Receiving Contact:

Container Number: TBD1

Freight Charge Terms (freight charges are prepaid unless marked otherwise):

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ Third Party XMaster Bill of Lading: with attached  
underlying Bills of Lading

## THIRD PARTY FREIGHT CHARGES BILL TO

Name:  
Address:  
City/State/Zip:

SPECIAL INSTRUCTIONS:

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
		6,000 lbs	Y N	
GRAND TOTAL		6,000 lbs		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE			
QTY	TYPE	QTY	TYPE	WEIGHT	COMMODITY DESCRIPTION
13	(84Lx50Wx40H in)			6,000 lbs	MEDICAL SUPPLIES
13				6,000 lbs	GRAND TOTAL

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

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

## SHIPPER SIGNATURE / DATE

This is to certify 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.

*Mark Lange* 12/15

## Trailer Loaded: Freight Counted:

By Shipper: ☒ By Shipper: ☒  
By Driver: ☐ By Driver/pallets said to contain:  
By Driver/Pieces:

## CARRIER SIGNATURE / PICKUP DATE

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.



Date: 12/14/2023

## BILL OF LADING

Page 1

## SHIP FROM

Name: CSI Pearland  
Address: 14740 Kirby Drive  
City/State/Zip: Pearland TX 77584  
Expected Ship Date: 12/15/2023  
Shipping Hours: 15:00-17:00  
Instructions:  
Pickup/Delivery Number:  
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## SHIP TO

Name: STERIS  
Address: 1435 Isomedix Place  
City/State/Zip: El Paso TX 79936  
Expected Delivery Date: 12/18/2023  
Receiving Hours: 08:00-12:00  
Instructions:  
Pickup/Delivery Number:  
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Address:  
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SPECIAL INSTRUCTIONS:

**KCH**  
Transportation

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Equipment Type: Dry Van 53'  
Carrier Name: RIKI TRANSPORTATION INC.  
Carrier SCAC: RIKN  
Quote/Contract Id:

Container Number: TBD1

Freight Charge Terms (freight charges are prepaid unless marked otherwise):

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ Third Party X

Master Bill of Lading: with attached underlying Bills of Lading

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*Mark Lange 12/15*

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*Lozano Salgado  
12/18/23 8:05*