



Bill to:
CIRCLE LOGISTICS
4808 KROEMER ROAD ,
Fort Wayne,
IN,
46898

Invoice Date: 01/03/2024
Invoice #: 1573676
Terms: NET 30
Due Date: 02/03/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/02/2024		578 Crystal Avenue, Vineland, NJ, USA - 7708 US-64 ALT, Tarboro, NC, USA			
			1	\$850.00	\$850.00

TOTAL
\$850.00

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

Circle Logistics, Inc
P.O. Box 8067
Fort Wayne, IN 46898-8067



Circle Logistics
Personalized Logistics & Transportation Solutions

Dispatcher

Dispatcher: William Kennedy
Phone: 312-300-7447 x8112

Emergency Phone: 312-300-7447

Load and Rate Confirmation Agreement
Load #1573676

To accept load please sign and email this sheet back to: william.kennedy@circledelivers.com

Carrier Information

Load Number:	1573676	Driver Name:	Steven
Carrier Number:	40745	Truck Number:	828
MC Number:	086875	Trailer Number:	W94944
Carrier Name:	BRZ	Carrier Phone:	708-303-5150
Attention:	Conor	Carrier Fax:	
Sent To:	conor@rtbrz.com, william.kennedy@circledelivers.com		

Load Information

Bill Of Lading:	J920099807	PO Number:	J920099807
Commodity:	FAK	Piece Count:	40
Commodity Desc:	Palletized Laboratory Glassware	Ref Number:	J920099807
Dimensions:	L:53';	Trailer Req:	Van
Load Size:	Truckload	Weight:	25,000
Miles:	401.00		

#1 Shipper

Tuesday, 01/02/2024 from 08:00 - 15:00

Company:	DWK Life Sciences LLC	Contact:	SANDY SQUECCO
Address:	578 Crystal Avenue	Phone:	856-300-7675
Address 2:	Building 202		
City/St/Zip:	Vineland, NJ 08360		
PCS:	40		

#2 Consignee/Final Destination

Wednesday, 01/03/2024 at 09:00

Company:	Corning Life Sciences	Contact:	Debbie Spradlin
Address:	7708 US 64 Alt West	Phone:	201-502-0246
City/St/Zip:	Tarboro, NC 27886		
PCS:	40		

Additional Information

IMPORTANT: DRIVERS MUST BE ON MACROPOINT AT ALL TIMES OR 25% RATE REDUCTION WILL BE ASSESSED - DRIVER MUST CALL CIRCLE TWICE PER DAY WITH UPDATE - PICTURE OF POD REQUIRED WITHIN 12 HOURS OF DELIVERY - ANY ISSUES, DRIVER MUST REMAIN ON SITE AND COMMUNICATE THEM WITH CIRCLE. Dedicated trailer required. Carrier not authorized to partial shipment. If carrier partials shipment carrier is fined 50% of linehaul or a rate reduction at the discretion of Circle Logistics. In the event of a breakdown or delay, Circle reserves the right to repower the shipment at the expense of the carrier. If a delay causes a service failure carrier will be fined 25% of the original linehaul. If a delay causes a missed delivery date the carrier is liable for ALL fines and fees. PODs must be emailed to teamcasie@circledelivers.com immediately after delivery.

Amount to invoice Circle Logistics, Inc: \$850.00



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Load and Rate Confirmation Agreement Load #1573676

To accept load please sign and email this sheet back to: william.kennedy@circledelivers.com

Agreement: This contract rate addendum is entered into on this date, 01/02/2024, by and between Circle Logistics, Inc (hereinafter referred to as "Broker") and BRZ (hereinafter referred to as "Carrier"). All Flatbed open deck loads must tarp! Term and Conditions 1. Broker will remit payment to Carrier for the underlying freight charges within 30 days of receipt of invoice and all required documents. For all detention and truck ordered not used charges, Broker will remit payment to Carrier within 30 days after Broker receives payment from its customers. Broker may offset any cargo claims or other penalties/damages Carrier is responsible for from Carrier's freight charges. 2. Documents required to process payment: a. Invoice b. Original Proof of Delivery w/3 signatures (Shipper, Consignee, and Carrier's driver) c. Signed Rate Confirmation d. Any and all required receipts that Broker requires to invoice its customer e. Arrival and departure times signed by the Shipper and/or Consignee. 3. Carrier or Carrier's driver must fax (317-324-9919) or scan/email proof of delivery within 72 hours of delivery of freight. Failure to send in proof of delivery with 72 hours will result in a \$25 rate reduction. After 3 days, Carrier agrees to a \$5/day rate reduction for each day Carrier does not provide Broker with a proof of delivery. Carrier is responsible for maintaining proof, via fax or email receipt, or submission of POD. 4. Carrier must count and verify the shipment before loading. Carrier must contact Broker re: any discrepancies and must obtain a new confirmation in writing before Carrier's driver departs from Shipper. 5. Carrier agrees that Broker is not liable for any shortages, loss, or damage to cargo transported by Carrier. 6. Unless written waiver is obtained from Broker, Carrier shall look only to Broker, and not to the involved Shipper, Consignee, or customer of Broker, for payment of Carrier's freight charges. Broker shall be entitled to deduct any damages or claims against all of Carrier's outstanding receivables from Broker and shall not be limited to deducting the damage charges solely from the load resulting in the damage and/or claim. No Cargo liability limitations shall apply with respect to this shipment, and Carrier shall be responsible for the full actual cost of any damage or loss to the cargo being transported regardless of the amount of cargo insurance required. 7. Carrier must report any delays in pickup or delivery to Broker. Carrier must obtain a revised rate confirmation from Broker reflecting the revised pickup and/or delivery time(s). 8. Carrier agrees that unauthorized delays in pickup and delivery may result in a rate reduction of greater of 25% of the original agreed rate or the amount that the Broker forfeits on the load. 9. Carrier must tarp all flatbed loads unless authorized on the rate confirmation by Broker that the load does not require tarps. 10. By signing below, Carrier warrants that it is duly and legally qualified to provide transportation services and that it holds auto liability insurance of a minimum of \$1 million and cargo of at least \$100,000. Carrier agrees to notify Broker immediately re: any material changes in Carrier's safety record. 11. Carrier shall also be subject to the Terms and Conditions set forth in the Transportation Brokerage Contract executed with Broker. 12. FATIGUE - Drivers may not operate, nor shall a motor carrier require or permit a driver to operate, a CMV if they are too tired or sick to drive safely. Operation may be discontinued at the driver's discretion. 13. MOBILE PHONE AND TWO-WAY COMMUNICATION DEVICE - Drivers shall not use a hand-held nor a hands-free mobile telephone while driving a CMV. Use of a mobile telephone is permissible by drivers of a CMV when necessary to communicate with law enforcement officials or other emergency services. 14. LOAD SECUREMENT - A driver may not operate a CMV and a motor carrier may not require or permit a driver to operate a CMV unless the CMV's cargo is properly distributed and adequately secured. 15. SEATBELTS - No driver shall operate a commercial motor vehicle, and a motor carrier shall not require or permit a driver to operate a commercial motor vehicle, that has a seat belt assembly installed at the driver's seat unless the driver is properly restrained by the seat belt assembly. 16. RECOMMENDED TRAINING FOR DRIVERS: DEFENSIVE DRIVING TRAINING - Defensive driving training would teach drivers how to recognize potentially hazardous situations sufficiently in advance to allow time to safely maneuver past them. FATIGUE AWARENESS TRAINING - Fatigue awareness training for drivers would teach drivers about the factors contributing to fatigue and their impact on performance along with fatigue awareness and avoidance techniques. 17. When applicable, Carrier agrees to follow the C-TPAT 7/8 and 17/18 Point Container Inspection Process. Carrier also agrees to follow both the C-TPAT Agricultural Processes and the C-TPAT Seal Processes when required.

Quick Pay: Please initial the option of your choice. Email Invoice, B.O.L., Proof of Delivery, and Rate Confirmation to quickpay@circledelivers.com.

Option #1 _____ Get paid in 48 hours 5% discount.

Option #2 _____ Get paid in 7 days 2% discount.

*** Cash Advance Fee - \$ 2.75 +
Mandatory 48 Hour Quick Pay 5%**

Amount to invoice Circle Logistics, Inc: \$850.00

Carrier: BRZ

MC #: 086875

By: Conor Smith

Title: Dispatch

Invoicing Methods

1. Email (preferred): freightpay@circledelivers.com
2. Fax: (317) 324-9919
3. US Mail: Circle Logistics
Attn: Billing Dept.
P.O. Box 8067
Fort Wayne, IN 46898-8067



Ship Date	Origin	Dest
12/29/23	PHL	RDU

Contract of Carriage

For Service Conditions, please refer to:
https://www.expeditors.com/Transcon_Service_Conditions

J920099807
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SHIPPER INFORMATION				CONSIGNEE INFORMATION			
Shipper Account # G2762608				Consignee Account # G3255583			
Shipper Name (From) DWK Life Sciences LLC				Consignee Name (To) Corning Life Sciences			
Address 578 Crystal Avenue Building 202				Address 7708 US 64 Alt West			
City Vineland	State NJ	Country US	Code 08360	City Tarboro	State NC	Country US	Code 27886
Contact SANDY SQUECCO		Phone 856-300-7675		Contact Debbie Spradlin		Phone 201-502-0246	
Shipper Reference 1000422241,1000431931,100045448				Consignee Reference 1002-0000032829,1002-0000033171			
Payment Method <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <small>If no payment method is selected, Shipper will be billed for all charges.</small>				Service Requested Deferred			
THIRD PARTY INFORMATION				Handling Information			
Third Party Account # G0837231				<small>If no service level is selected, shipment moves Next Day or actual service provided.</small>			
Third Party Name (To) Corning Incorporated							
Address 1 Riverfront Plaza							
City Corning	State NY	Country US	Code 14831				
Contact Jeff Beck		Phone 607-974-9000		Special Instructions SHPR REF: 1000422241,1000431931 100045448,1000461793,FTL-SPOT, PLANNED VAN CNEE REF: 1002-0000032829 1002-0000033171,1002-0000034081, 1002-0000034188.			
Third Party Billing Reference							
PIECES	DESCRIPTION	ACTUAL WEIGHT	LENGTH	WIDTH	HEIGHT	Declared Value for Carriage	
48 39	LAB GLASSWARE					<small>Expeditors liability for loss or damage shall be limited per the reverse hereof unless a higher amount is specified here.</small> \$ N.V.D.	
TOTAL PIECES		TOTAL WEIGHT	8736	Amount of Insurance			
				<small>Insurance if insurance is requested in accordance with the conditions hereof, indicate amount to be insured here.</small> \$ NIL			
				International Customs Value \$ N.V.D.			

Does this shipment contain dangerous goods? ONE BOX MUST BE CHECKED		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - as per attached Shippers Declaration	<input type="checkbox"/> Yes - Shippers Declaration Not Required

SHIPPER'S SIGNATURE	SHIPPER HEREBY CONSENTS TO A SEARCH OR INSPECTION OF THE CARGO PURSUANT TO ANY APPLICABLE LAW OR REGULATION, INCLUDING 49 C.F.R. 1548.9(b)
Print Name	
Date / Time	

Received By:	
I certify the goods have been received in good order and condition.	
Print Name	
Date	Time

Trailer # W94444
Seal # 2046340

Received By:	
I certify the goods have been received in good order and condition.	
Print Name	
Date	Time

Received By:	
I certify the goods have been received in good order and condition.	
Print Name	
Date	Time



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Ship Date	Origin	Dest
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THIRD PARTY INFORMATION				Service Requested Deferred If no service level is selected, shipment moves Next Day or actual service provided.			
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TOTAL PIECES		TOTAL WEIGHT	8736	Amount of Insurance Insurance if insurance is requested in accordance with the conditions hereof, indicate amount to be insured here. \$ NIL			
						International Customs Value \$ N.V.D.	

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