

### Bill to:

Redwood

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- ,
- ,

Invoice Date: 01/05/2024 Invoice #: 3294541 Terms: NET 30 Due Date: 02/05/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/04/2024		9101 Riverside Pkwy Lithia Springs, GA 30122 - 1501 N Guillemard St Pensacola, FL 32501			
			1	\$1,400.00	\$1,400.00

#### TOTAL

\$1,400.00

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



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# CARRIER CONTRACT & RATE CONFIRMATION

Carrier: Riki Transportation Inc. DBA BRZ Attention: Shawn . MC #: 086875 Direct 3126988288

**BILLING DETAILS** 

 
 Transflo Velocity:
 Use Broker ID: TSGNV

 Email:
 pod@redwoodlogistics.com

Redwood Load#3294541

Redwood Rep: Ryan Ruholl

tel. Email: rruholl@Redwoodlogistics.com After Hours (877)874-7400 ext 9

Carrier must submit all payment documents together at the same time including Invoice, POD, Lumper receipt (if applicable) and this signed rate confirmation by one of the above methods for payment. Invoice and rate con amounts must match or will lead to delays in payment.

Sign up for payment information and quick pay options at <u>www.TriumphPay.com</u> Questions? Call (866) 912-2763

Note: Tha	nks! Driver Tailgate at receiv	ver with provided pallet jac	k. receiver has	ballet jack for drive	er.	
	This confirmation mus	t be signed prior to pick	up and must	be accompanie	d with the	e load paperwork for payment.
Descriptio	on	Rate		Quantity		Extended Cost
Line Haul		ł	\$1,260.00	•	1.00	\$1,260.00
On Time D	Delivery		\$140.00		1.00	\$140.00
				Balance	Payable:	\$1,400.00
Truck Re	equirements	Truck Type: Van			Length	n: 53.00 Feet
Pick		•				#1
Facility:	Medline B03 9101 Riverside Pkwy Lithia Springs, GA 30122	Latest: la	an 04 2024 13:3 n 04 2024 15:00	)	Med	ical Supplies : 10000 lbs
PU: Crowr	n - Pensacola, FL	DRIVER M AT SHIPP	IUST CALL IN L ER!! DRIVER T/	OADED WITH BOI	#!!! DETI	' to be properly loaded with all freight! ENTION WILL START AFTER THREE HOURS 'H PROVIDED PALLET JACK!! DRIVER MUST
Pick						#2
Facility:	Medline Industries - C03 1500 Medline PI McDonough, GA 30253	Earliest: J	an 04 2024 15:3 n 04 2024 16:30	)	Med	ical Supplies : 10000 lbs
PU: Crowr	n - Pensacola, FL	DRIVER M AT SHIPP	IUST CALL IN L ER!! DRIVER T/	OADED WITH BOI	#!!! DETI	' to be properly loaded with all freight! ENTION WILL START AFTER THREE HOURS 'H PROVIDED PALLET JACK!! DRIVER MUST
Drop						#3
Facility:	Crown Healthcare Laund 1501 N Guillemard St Pensacola, FL 32501	Earliest: J	an 05 2024 6:00 n 05 2024 9:00		Medic	al Supplies : 10000 lbs
			VER TAILGATE BHOURS AFTER		TH PROVI	DED PALLET JACK! DRIVER MUST TURN IN
Product(s	): Medical Supplies	Weight: 100	00 lbs			
Customer N	otes: DRIVER MUST CALL IN LOAI	DED WITH 10 DIGIT BOL # (TOP	LEFT), WEIGHT, PI	ECE COUNT, AND PICH		RS (MIDDLE OF THE PAGE)!! DRIVER MUST S F THEY PREFER!!! EFFECTIVE 1/28/2020, FOF

Customer Notes: DRIVER MUST CALL IN LOADED WITH 10 DIGIT BOL# (10P LEFT), WEIGHT, PIECE COUNT, AND PICKUP NUMBERS (MIDDLE OF THE PAGE)!! URIVER MUST SUBMIT FOR EACH DIFFERENT BOL SHIPPING TOGETHER!!! DRIVER CAN SEND CLEAR PICTURES TO RWMM OF BOLS ONCE LOADED IF THEY PREFER!!! EFFECTIVE 1/28/2020, FOR ALL EQUIPMENT ON DOCK DOORS, ALL DRIVERS MUST COME INSIDE AND CONFIRM EQUIPMENT IS READY TO BE PULLED BY A MEDLINE SUPERVISOR BEFORE MOVING ANY EQUIPMENT FROM THE DOCK!!

Agreed to this day of, 2024           By: (sign)           Name: (print)	Truck#/Trailer #: Pro #:	Driver Name: Cell #:
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No amendments to this rate confirmation will be binding on Transportation Solutions Group dba Redwood Multimodal unless approved in writing prior to Carrier's acceptance of the shipment.

# ATTENTION MOTOR CARRIER

## **Methods for Submitting Paperwork**

All carriers must submit an invoice, POD, lumper receipt (if applicable), and signed rate confirmation all together at the time of uploading/emailing.

Below are the methods to submit paperwork for payment:

- 1. Transflo (Preferred Method to get paid faster) existing Transflo Velocity users, please use Broker ID: TSGNV
- 2. Email send all paperwork to pod@redwoodlogistics.com
  - a. Only include one load per email
  - b. All documents must be attached: carrier invoice, signed POD, lumper receipt (if applicable) and signed rate confirmation
  - c. Documents must be PDF or TIF files
  - d. Only POD@redwoodlogistics.com can be the recipient of the email (Do NOT include other email addresses. If you include additional email addresses your documents will not be received)

If you do not submit an invoice, POD, lumper receipt (if applicable), and signed rate confirmation together all at the same time of uploading/emailing, payment will be delayed.

## Methods for Payment Inquiries & Quick Pay

In order to ensure efficient payment to our carrier partners, Redwood has teamed up with Triumph Pay.

- 1. Please visit the Triumph Pay website, www.TriumphPay.com, to sign up, provide payment information, and explore Quick Pay options.
- 2. If you are not currently being paid via ACH, please visit <u>www.Triumphpay.com</u> to sign up for payments by ACH.
- 3. If you require support, you can reach out to Triumph Pay Carrier Success Team by calling (866)912-2763 or Info@TriumphPay.com.
- 4. Questions/Problems/Escalations/Rate Verifications/Payment Status Inquiries SHOULD NOT be submitted to the POD email inbox. They will not be seen or replied to as the POD email inbox is not monitored.
- 5. All rate verifications MUST be done through the booking carrier rep listed on this rate confirmation.
- 6. Questions/Escalations issues should be sent to APInguiries@redwoodlogistics.com

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			Original -	GHT BILL of LAD Not Negotiable		PALLETS
RECEIVED, subject to individually that have been established by the ca	y determined rates or contracts that	at have been agreed to in wri-	ting between the carrier	and shipper, if applicable, or	therwise to the rates, classifications	and rules
FROM:						
SHIPPERS BOL#	DATE	COMPANY N	AME		CARRIER SCAC	TSGN
2030291952	01/04/2024	MEDLINE IN	NDUSTRIES LP			
2030291932	0110412024	1500 MEDLI	NE PLACE			
		C03			Seal No	
			GH, GA 30253		Trailer No	
		mebonoo	,		CARRIER Pro No	
The property described below is rec destination, if on its route, or otherw conditions on the back hereof or co	vice to deliver to another carrier c	in the route to destination, E	very service to be perfor	med hereunder shall be sub-	betting all conditions not prohibited	wn below, which said carrier agrees to carry to by law, whether herein contained, including th
DESCRIPTION		PIECES	WEIGHT	Shipper's		Packing
and the second sec		65	3,372	Reference	Consignee's PO	List
Medical Supplies FAK70		05	5,512	and the second sec	The second s	
CONSIGNED TO:	CUSTOMER NAME	& ADDRESS		8180390392	ML-CRO(FL)009004	
		DEL UDIDDU OF		- 8180391340	ML-CRO(FL)008993	Yes
001027106	CROWN HEALTHCA	ARE LAUNDRY SEP	CVICE	8180764133	ML-CRO(FL)009029	Yes
	1501 N GUILLEMAR	D ST				
	KIT WILSON					
	PENSACOLA, FL 32	501				
	850-438-7580					
	000 400 1000					
	For all OS		a cond on ome	Il to comiendion	osition@medline.co	-
	For all USA	ab issues please	e send an ema	iii to carrierdisp	osition@medime.co	<u>m</u>
ILLABLE ACCESSOR	IALS			SPECIAL DELIV	ERY INSTRUCTIONS	
SPECIAL GUARANTE					GATE TO THE END OF	THE TRAILER.
SI ECIAL GUARANTI	30				R WILL OFF LOAD WI	
5				Particular and a second second second		
				Manager and a second second second	RE ONLY TO BE SIGN	
					, DEAN FAZIO & ANN I	
			_3		K HAMLIN AT 800-844	-5280 X12
			2		REC HRS 800-1630	
				SEAL#6440637		
reight is prepaid unless oth	herwise noted.				COD Char	rges paid by
Check Box if Collec					C Shipp	
Collect on Delivery \$		and music to a			Consi	
Street	City	_ and remit to:	Sta	te	L Consi	gnee
or collect shipments: if this shipments if this shipments if this shipments if the carrier may decline to make deline to make	ent is to be delivered to the consi livery of this shipment without pa	ignee, without resourse on th ayment of freight and all oth	er lawful charges.	or shall sign the following si	atement:	
	ature of consignor)					
1-0		rrier certifies emergency resp	ponse information was a	vailable and/or carrier has De	epartment of Transportation emerge	ency response guidebook or equivalent in vehic
CARRIER'S SIGNATURE CON	FIRMS RECEIPT OF PIECE	COUNT Agent per				
This is to certify that the above na	amed materials are properly class		labeled, and are in prop	er condition for transportatio	on according to the applicable regul	ations of Department of Transportation.
1		Shipper per				
Mail all freight bills to:	Medline Industries, Inc	. C/O Data2Logistic	s (MEDL01)		and the second sec	Date
	PO BOX 61050					
	Ft Myers, FL 33906	or which an original freight	hill is not presented to S	hipper within 180 days after	the date of shipment. Carrier shall a	not submit a freight bill for additional
charges claimed to be due on any s	hipment after 180 days from the	date of the original freight bi	ill. Any claim by shipper	for overcharge on any freig	th bill must be sent within 180 days	s from the date of payment of that freight bill.
No civil action for collection of underc	charge or overcharge claims may	be brought unless such actio	n is instituted within 18	months after the claim accru	es. Where carrier asserts a timely c	laim for undercharges, shipper is not
to contest Carrier claim within 180				-		
2. Carrier shall bill (invoice) the sh	hipper within 15 business days of	the completion of the move	ment of the cargo so as	to provide for the receipt by	Shipper of the bill (invoice) within	15 business days of the completion of the
novement of the cargo. Each carrie documentation are conditions prec		prepared by the Carrier evide	encing shipments under	this contact, shall contain th	e following information and/or doc	umentation which information and
I. In the case of	f outbound shipments: the SCAC	of the Carrier to be paid for	the movement and com	plete and valid bill of lading	number.	
II. In the case of III Inhound shin	third party shipments: the SCAC	of the Carrier to be paid for Shinger facility: valid ten-d	the movement and the v	valid ten-digit Shipper order	number or work order number. aber, or returns goods authorization	number and the SCAC of the carrier to be paid
for the mover	ments and collect snipments to a ment, and valid and complete bill	of lading.	aga ampper purchase or	der humber, wenz order hum	and of the second Brooms Brooms Broomstation	
Persuant to 4911 S.C. & 14101	(b), the parties expressly write a	ny and all provisions of the t	CC Termination Act of	1995. U.S. Code Title 49. Su	abtitle IV. Part B. and of the regulat	ion thereunder, to the extent that such
novisions conflict with the terms of	f this Contract or the parties' cou	rse of performance hereunde	er.	1995, O.S. Cide Thie 49, 50	sound it is an an and of the regular	and a second second second state state
. It is the intent of the parties unle	ess additional carriers are specific	ally named herein that shine	ments tendered to the Ca	rrier will pormally be handle	ed in single line service. Handline o	of a shipment by Carrier and a connecting
arrier						
ill be considered convenience into	ertining, and such shipments will	be covered by this Contract	and transported at the ra	tes and charges in this Cont	163.	
HIPPERS BOL# 203	0291952	Origin	ally printed on 1/4/	74 at 3:07PM		Page 1 of 2

		0		GHT BILL of LAD Not Negotiable	ING	PALLETS
			original -	and shipper, if applicable, o	therwise to the rates, classification	s and rules
RECEIVED, subject to individually that have been established by the c	y determined rates or contracts that arrier and are available to the ship	it have been agreed to in write oper on request;	ang berween me carrier	and any hour a statement of		/
FROM:	DATE	COMPANY N	AME		CARRIER SCAC	TSGN
SHIPPERS BOL#	DATE		DUSTRIES LP			
1030616190	01/04/2024		DE PARKWAY	1	Seal No	
		B03			Trailer No	
			INGS, GA 30122		CARRIER Pro No	
The property described below is re destination, if on its route, or other conditions on the back hereof or co	ceived by the carrier in apparent g wise to deliver to another carrier o ontained in a separate contract, the	good order, except as noted ( on the route to destination. E e contract terms to govern, w	contents and condition of very service to be perfor hich are hereby agreed t	of packages unknown) mark med hereunder shall be sub to by the shipper and accept	ed, consigned, and destined as sho ject to all conditions not prohibites ted for himself or his assigns.	wn below, which said carrier agrees to carry to d by law, whether herein contained, including the
DESCRIPTION		PIECES	WEIGHT	Shipper's	Consignee's PO	Packing List
Medical Supplies FAK70		46	657	Reference		
	CUSTOMER NAME	& ADDRESS		8180762063	ML-CRO(FL)00902	163
CONSIGNED TO:			VICE	-		
0001027106	CROWN HEALTHCA					
	1501 N GUILLEMAR	0.51				
	KIT WILSON PENSACOLA, FL 32	501				
	850-438-7580					
	For all OSA	D issues please	send an ema		osition@medline.co	<u>om</u>
BILLABLE ACCESSOR	HALS			SPECIAL DELIV	ERY INSTRUCTIONS	THE TRAILER
SPECIAL GUARANTE				DRIVER TAILO	GATE TO THE END OF	THE IRAILER
-				THE RECEIVE	R WILL OFF LOAD W	TT BY:
				DELIVERIES A	, DEAN FAZIO & ANN	HARBER.
				CONTACT-RIC	K HAMLIN AT 800-84	4-5280 X12
					, REC HRS 800-1630	
				Trailer# PTLZ2		
Freight is prepaid unless of	henvise noted				COD Ch	arges paid by
Check Box if Collec					Ship	per
Collect on Delivery \$		and remit to:			Cons	ignee
Street	City		Sta			
For collect shipments: if this shipm The carrier may decline to make de	ent is to be delivered to the consi- livery of this shipment without pa	gnee, without resourse on the syment of freight and all othe	e consignor, the consign r lawful charges.	or shall sign the following s	statement:	
	ature of consignor)					
Carrier acknowledges receipt of pas	ckages and required placards. Can	rier certifies emergency resp	onse information was av	vailable and/or carrier has D	epartment of Transportation emer	gency response guidebook or equivalent in vehicle.
CARRIER'S SIGNATURE CON	FIRMS RECEIPT OF PIECE	COUNT				
		Agent per		an ann dùlan fan barran d	on sconding to the analisable	ulations of Department of Transportation.
This is to certify that the above na	amed materials are property classi	ified, packaged, marked and Shipper per	labeled, and are in prop	er condition for transportati	on according to the applicative reg	ulations of Department of Transportation.
Mail all freight bills to:	Medline Industries, Inc.	C/O Data2Logistics	(MEDL01)			Date
	PO BOX 61050					
	Ft Myers, FL 33906	or which an original freight b	ill is not presented to Si	hipper within 180 days after	the date of shipment. Carrier shall	I not submit a freight bill for additional tys from the date of payment of that freight bill.
charges claimed to be due on any si	hipment after 180 days from the d	tate of the original neight of	a. May cault by suppor	the orterena pe on any non		
No civil action for collection of underc to contest Carrier claim within 180	harge or overcharge claims may b	be brought unless such action defend against a later action	n is instituted within 18 for recovery of such ch	months after the claim accr arges.	ues. Where carrier asserts a timely	claim for undercharges, shipper is not
				a movide for the receipt hu	Shipper of the bill (invoice) with	in 15 business days of the completion of the ocumentation which information and
movement of the cargo. Each carrie	r invoice and all documentation p	repared by the Carrier evide	encing shipments under	this contact, shall contain t	he following information and/or d	ocumentation which information and
II. In the case of III. Inbound ship	f outbound shipments: the SCAC of third party shipments: the SCAC of ments and collect shipments to a S	of the Carrier to be paid for Shipper facility: valid ten-di	the movement and comp the movement and the v git Shipper purchase on	plete and valid bill of lading valid ten-digit Shipper orde der number, work order nur	g number, r number or work order number, mber, or returns goods authorization	on number and the SCAC of the carrier to be paid
	nent, and valid and complete bill o (b), the parties expressly waive an ( this Contract or the parties' cour	y and all provisions of the R	CC Termination Act of	1995, U.S. Code Title 49, 5	Subtitle IV, Part B, and of the regul	ation thereunder, to the extent that such
				rrier will normally be hand	led in single line service. Handling	of a shipment by Carrier and a connecting
Carrier will be considered convenience inte						
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Medical Supplies FAK70       65       3,372       References       Construct PLOSONO4       Yes         CONSIGNED TO:       CUSTOMER NAME & ADDRESS       8180390392       ML-CRO(FL)005004       Yes         D001027106       CROWN HEALTHCARE LAUNDRY SERVICE       8180764133       ML-CRO(FL)005002       Yes         JS0IN IOULLEARAD ST       KIT WILSON       Status IOULLEARAD ST       8180764133       ML-CRO(FL)005002       Yes         BULLABLE ACCESSORIALS       SPECIAL DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS         SPECIAL COLARANTEE       SPECIAL COLARANTEE       SPECIAL DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS         SPECIAL COLARANTEE       DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS         SPECIAL COLARANTEE       DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS         SPECIAL DELIVERY INSTRUCTIONS       DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS         SPECIAL DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS         SPECIAL DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS         SPECIAL DELIVERY INSTRUCTIONS       SPECIAL DELIVERY INSTRUCTIONS		and a seperate contact of					Packing	
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D001027106       CROWN HEALTHICARE LAUNDRY SERVICE       B1807744133       ML_CRO(FL,009029       Yes         S10 N GUILLEARD ST KIT WILSON PERSACOLA, FL 32501 859-438-7580       End 05AD issues please send an armali to carrierdisposition @mediline.com         SILABLE ACCESSORIALS SPECIAL GUARANTEE       SPECIAL DELIVERY INSTRUCTIONS DRIVER TAILGATE TO THE END OF THE TRAILER. THE RECIVERY WILL OFF LOAD WITH A FORKLIST DELIVERIES ARE ONLY TO BE SIGNED BY: RICK HAMILIN PEAR PAZIO A ANN HARBER. COMACTATIRC KINAL BAREAR COMACTATIRC KINAL BAREAR COMACTATIRC A CONSTRUCTIONS DELIVERIES ARE ONLY TO BE SIGNED BY: RICK HAMILIN PEAR PAZIO A ANN HARBER. COMACTATIRC KINAL BAREAR COMACTATIRC COMACTARC COMACTARC COMACTATIRC COMACTATIRC KINAL BAREAR COMACTATIRC COMACTARC COMACTARC COMACTARC COMACTATIRC COMACTARC COMACTARC COMACTARC COMACTARC SIGNATURE COMACTARC COMACTARC COMACTARC COMACTARC SIGNATURE COMACTARC COMACTARC COMACTARC COMACTARC SIGNATURE COMACTARC COMACTARC COMACTARC SIGNATURE COMACTARC COMACTARC COMACTARC COMACTARC SIGNATURE COMACTARC SIGNATURE COMACTARC COMACTARC COMACTARC COMACTARC COMACTARC COMACTARC SIGNATURE COMACTARC SIGNATURE COMACTARC SIGNATURE COMACTARC SIGNATURE COMACTARC SIGNATURE COMACTARC SIGNAT	CONSIGNED TO:	CUSTOMER NAME	E & ADDRESS					
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<ul> <li>Ft Myers, FL 33906</li> <li>1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment, Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No cloim bill science for collection of undercharges or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.</li> <li>2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement subments under this contact, shall contain the following information and/or documentation which information and documentation prepared by the Carrier revidencing shipments under this contact, shall contain the following information and/or documentation which information and documentations precendent to payment: <ul> <li>I. In the case of ution and shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number.</li> <li>III. Inbound shipments and collect shipments to a Shipper failing: Shipper parchase order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement and the valid ten-digit Shipper order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement and the valid ten-digit Shipper order number, or returns goods authorization number and the SCAC of the carrier to be paid for the mo</li></ul></li></ul>	Check Box if Colle Collect on Delivery \$ Street For collect shipments: if this ship The carrier may decline to make d (Sign Carrier acknowledges receipt of pu CARRIER'S SIGNATURE CON This is to certify that the above r	ct 	gnee, without resourse on the syment of freight and all other rier certifies emergency respo COUNT Agent per fied, packaged, marked and la Shipper per	Stat	PALLET JAC SEAL#644063	K, REC HRS 800-1630 COD Char Shippe Consig statement: Department of Transportation emerged	ges paid by r r rnee ncy response guidebook or equations of Department of Transp	
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<ul> <li>charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of untregat one No</li> <li>civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.</li> <li>2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contact, shall contain the following information and/or documentation which information and documentations precaned by the Carrier to be paid for the movement and complete and valid bill of lading number.</li> <li>I. In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid ten-digit Shipper order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement and the valid ten-digit Shipper order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement and the valid ten-digit Shipper or returns goods authorization number and the SCAC of the carrier to be paid for the movement, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement.</li> <li>J. In the case of outbound shipments and complete bill of lading.</li> <li>3. Pursuant to 49 U.S.C. &amp; 14101 (b), the parties</li></ul>	Check Box if Colle Collect on Delivery \$ Street For collect shipments: if this ship The carrier may decline to make d (Sign Carrier acknowledges receipt of pu CARRIER'S SIGNATURE CON This is to certify that the above r	ct City ment is to be delivered to the consig- elivery of this shipment without pa- mature of consignor) ackages and required placards. Can while the construction of the construction while the construction of the construction of the construction where the construction of the construction of the construction mediane industries, Inc. PO BOX 61050	gnee, without resourse on the syment of freight and all other rier certifies emergency respo COUNT Agent per fied, packaged, marked and la Shipper per	Stat	PALLET JAC SEAL#644063	K, REC HRS 800-1630 COD Char Shippe Consig statement: Department of Transportation emerged	ges paid by r r rnee ncy response guidebook or equations of Department of Transp	
<ul> <li>civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.</li> <li>2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contact, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment: <ol> <li>In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid ten-digit Shipper or number.</li> <li>In the case of outbound shipments to a Shipper facility: valid ten-digit Shipper purchase order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement and the valid ten-digit Shipper order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement and the valid ten-digit Shipper order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement.</li> </ol> </li> <li>3. Pursuant to 49 U.S.C. &amp; 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.</li> <li>4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handli</li></ul>	Check Box if Colle Collect on Delivery \$ Street For collect shipments: if this ship The carrier may decline to make d (Sign Carrier acknowledges receipt of pu CARRIER'S SIGNATURE CO: This is to certify that the above to Mail all freight bills to:	ct 	gnee, without resourse on the syment of freight and all other rier certifies emergency respo COUNT Agent per fied, packaged, marked and la Shipper per C/O Data2Logistics	Stat consigner, the consigner lawful charges. 	PALLET JAC SEAL#644063	K, REC HRS 800-1630 COD Char COD Char Shippe Consig statement: Consig statement: Consig tion according to the applicable regula tion according to the applicable regula	ges paid by r r r r r r r r r sponse guidebook or eq ations of Department of Transp Date t submit a freight bill for add	portation.
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