



Bill to:
Redwood

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



CARRIER CONTRACT & RATE CONFIRMATION

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

BILLING DETAILS

Transflo Use Broker ID: TSGNV
Velocity:

Email: pod@redwoodlogistics.com

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 www.TriumphPay.com
Questions? Call (866) 912-2763

Redwood Load# 3294541

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

Note: Thanks! Driver Tailgate at receiver with provided pallet jack. receiver has pallet jack for driver.

This confirmation must be signed prior to pick up and must be accompanied with the load paperwork for payment.

Description	Rate	Quantity	Extended Cost
Line Haul	\$1,260.00	1.00	\$1,260.00
On Time Delivery	\$140.00	1.00	\$140.00
Balance Payable:			\$1,400.00

Truck Requirements	Truck Type: Van	Length: 53.00 Feet
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Pick #1

Facility: Medline B03
9101 Riverside Pkwy
Lithia Springs, GA 30122
Earliest: Jan 04 2024 13:30
Latest: Jan 04 2024 15:00
Medical Supplies : 10000 lbs
PU: Crown - Pensacola, FL
Note: Reference "Crown Healthcare in Pensacola, FL" to be properly loaded with all freight!
DRIVER MUST CALL IN LOADED WITH BOL#!!! DETENTION WILL START AFTER THREE HOURS
AT SHIPPER!! DRIVER TAILGATE AT RECEIVER WITH PROVIDED PALLET JACK!! DRIVER MUST
TURN IN POD 24-48 HOURS AFTER DELIVERY!!

Pick #2

Facility: Medline Industries - C03
1500 Medline PI
McDonough, GA 30253
Earliest: Jan 04 2024 15:30
Latest: Jan 04 2024 16:30
Medical Supplies : 10000 lbs
PU: Crown - Pensacola, FL
Note: Reference "Crown Healthcare in Pensacola, FL" to be properly loaded with all freight!
DRIVER MUST CALL IN LOADED WITH BOL#!!! DETENTION WILL START AFTER THREE HOURS
AT SHIPPER!! DRIVER TAILGATE AT RECEIVER WITH PROVIDED PALLET JACK!! DRIVER MUST
TURN IN POD 24-48 HOURS AFTER DELIVERY!!

Drop #3

Facility: Crown Healthcare Laundry
1501 N Guillemard St
Pensacola, FL 32501
Earliest: Jan 05 2024 6:00
Latest: Jan 05 2024 9:00
Medical Supplies : 10000 lbs
Note: DRIVER TAILGATE AT RECEIVER WITH PROVIDED PALLET JACK! DRIVER MUST TURN IN
POD 24-48 HOURS AFTER DELIVERY!!

Product(s): Medical Supplies	Weight: 10000 lbs
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Customer Notes: DRIVER MUST CALL IN LOADED WITH 10 DIGIT BOL # (TOP LEFT), WEIGHT, PIECE COUNT, AND PICKUP NUMBERS (MIDDLE OF THE PAGE)! DRIVER MUST SUBMIT FOR EACH DIFFERENT BOL SHIPPING TOGETHER!!! DRIVER CAN SEND CLEAR PICTURES TO RWMM OF BOL'S 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!!



By signing this agreement or by picking up and taking possession of the shipment the CARRIER agrees to all the terms and conditions as outlined in this rate confirmation and the transportation agreement between Transportation Solutions Group, dba Redwood Multimodal (the "BROKER") and the CARRIER (the "Agreement"). No oral agreements or conditions exist. In the event that there is a conflict between the Agreement and this rate confirmation, the Agreement shall control. Further, no charges or amendments to this rate confirmation will be binding unless BROKER approves such changes in writing prior to the CARRIER taking possession of the shipment. In accordance with 49 CFR § 392.9 and 49 CFR § 393.100 et al., the CARRIER and its drivers are solely responsible for verifying the contents, counts, conditions, loading, weight, proper weight distribution per axle, blocking, bracing, and securement of each load for transportation. CARRIER and its drivers are solely responsible for attaching a seal either provided by the shipper or by the CARRIER to each shipment and ensuring the seal is not tampered or broken during transit. Bills of Lading (BOL) must indicate the seal number and "SEAL INTACT" AT THE TIME SHIPMENT IS DELIVERED. Shipments which are pre-loaded and sealed or whereas the driver is not permitted on the dock to witness the loading or counts are required to be marked on the BOL with "SHIPPER LOAD AND COUNT." CARRIER acknowledges and agrees the CARRIER is liable for the full invoice value of the shipment or any part thereof due to loss or damage. CARRIER shall notify BROKER immediately in the event any exception is listed on the BOL, the seal is broken due to a regulatory inspection, delay in the transportation of the shipment, or there is an incident or accident during transit. FOOD GRADE NOTICE: Due to federal, state and local regulations which govern food grade commodities, if the shipment container is damaged, breached, exposed to outside elements, or the seal is broken during shipment the customer may reject the entire shipment or if CARRIER is not able to provide a downloadable temperature report indicating that required temperatures were maintained at all times during transport. If the customer denies the right of salvage or there is no right of salvage, the CARRIER will remain fully liable for loss or damage to the shipment and no salvage will be allowed. To the extent that any shipments subject to this rate confirmation or the Agreement are transported within the State of California on refrigerated equipment, CARRIER warrants that it shall only utilize equipment which is in full compliance with the California Air Resources Board (ARB) TRU ACTM in-use regulations. CARRIER shall indemnify BROKER and Shipper from any penalties, costs or any other liability, imposed on Shipper or BROKER due to CARRIER'S use of non-compliant equipment. CARRIER is an independent contractor and not an agent or employee of BROKER. CARRIER agrees to obey all federal, state and local laws and regulations. CARRIER acknowledges that BROKER does not exercise direction or control over the daily operations of the CARRIER and that the CARRIER can legally meet all the terms, conditions and times as enumerated herein. CARRIER shall indemnify BROKER for any loss, damage, injury, liability, expense, cost, including reasonable attorney fees, fines, penalties, actions and claims including, but not limited to, claims for injuries to persons, (including death), for damage to equipment, and for damage to third parties arising out of the CARRIER'S own negligence, wrongful act or omission, or failure to comply with the terms of this Agreement. Neither party shall be liable to the other for any claims, actions, or damages due to negligence or willful misconduct of the other party. CARRIER must notify BROKER within 24 hours of any accessorial charges. CARRIER must provide a written certification of detention time signed by the responsible party indicating time in and time out on the BOL. All comchecks incur a minimum of \$5.00 processing fee.

Agreed to this _____ day of _____, 2024
By: _____ (sign)
Name: _____ (print)

Truck#/Trailer #: _____
Pro #: _____

Driver Name: _____
Cell #: _____

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](mailto: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 www.Triumphpay.com 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 APIquiries@redwoodlogistics.com





UNIFORM STRAIGHT BILL of LADING
Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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:

FROM:

SHIPPER'S BOL#
2030291952

DATE
01/04/2024

COMPANY NAME
MEDLINE INDUSTRIES LP
1500 MEDLINE PLACE
C03
MCDONOUGH, GA 30253

CARRIER SCAC **TSGN**

Seal No _____
Trailer No _____
CARRIER Pro No _____

The property described below is received by the carrier in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether herein contained, including the conditions on the back hereof or contained in a separate contract, the contract terms to govern, which are hereby agreed to by the shipper and accepted for himself or his assigns.

DESCRIPTION	PIECES	WEIGHT	Shipper's Reference	Consignee's PO	Packing List
Medical Supplies FAK70	65	3,372	8180390392	ML-CRO(FL)009004	Yes
CONSIGNEE TO:	CUSTOMER NAME & ADDRESS		8180391340	ML-CRO(FL)008993	Yes
0001027106	CROWN HEALTHCARE LAUNDRY SERVICE 1501 N GUILLEMARD ST KIT WILSON PENSACOLA, FL 32501 850-438-7580		8180764133	ML-CRO(FL)009029	Yes

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS
SPECIAL GUARANTEE

SPECIAL DELIVERY INSTRUCTIONS

DRIVER TAILGATE TO THE END OF THE TRAILER.
THE RECEIVER WILL OFF LOAD WITH A FORKLIFT
DELIVERIES ARE ONLY TO BE SIGNED BY:
RICK HAMLIN, DEAN FAZIO & ANN HARBER.
CONTACT: RICK HAMLIN AT 800-844-5280 X12
PALLET JACK, REC HRS 800-1630
SEAL#6440637

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

COD Charges paid by

☐ Shipper

☐ Consignee

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was available and/or carrier has Department of Transportation emergency response guidebook or equivalent in vehicle.

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.

Shipper per _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**
PO BOX 61050
Ft Myers, FL 33906

Date _____

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 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.

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 contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

- I. In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid bill of lading number.
- II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.
- III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 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.

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. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

UNIFORM STRAIGHT BILL of LADING
Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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:

FROM:

SHIPPER'S BOL#

1030616190

DATE

01/04/2024

COMPANY NAME

MEDLINE INDUSTRIES LP

9101 RIVERSIDE PARKWAY

B03

LITHIA SPRINGS, GA 30122

CARRIER SCAC

TSGN

Seal No

Trailer No

CARRIER Pro No

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DESCRIPTION

Medical Supplies FAK70

PIECES

46

WEIGHT

657

Shipper's Reference

8180762063

Consignee's PO

ML-CRO(FL)009029

Packing List

Yes

CONSIGNEE TO:

CUSTOMER NAME & ADDRESS

0001027106

CROWN HEALTHCARE LAUNDRY SERVICE

1501 N GUILLEMARD ST

KIT WILSON

PENSACOLA, FL 32501

850-438-7580

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL GUARANTEE

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CONTACT: RICK HAMLIN AT 800-844-5280 X12
PALLET JACK, REC HRS 800-1630
Trailer# PTLZ232142

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

COD Charges paid by

☐ Shipper

☐ Consignee

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(Signature of consignor)

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was available and/or carrier has Department of Transportation emergency response guidebook or equivalent in vehicle.

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.
Shipper per _____ Date _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**
PO BOX 61050
Ft Myers, FL 33906

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3. Pursuant to 49 U.S.C. & 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.

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. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

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Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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:

FROM:

SHIPPERS BOL#
2030291952

DATE
01/04/2024

COMPANY NAME
MEDLINE INDUSTRIES LP
1500 MEDLINE PLACE
C03
MCDONOUGH, GA 30253

CARRIER SCAC **TSGN**

Seal No _____
Trailer No _____
CARRIER Pro No _____

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CONSIGNEE TO:	CUSTOMER NAME & ADDRESS		8180391340	ML-CRO(FL)008993	Yes
0001027106	CROWN HEALTHCARE LAUNDRY SERVICE		8180764133	ML-CRO(FL)009029	Yes
	1501 N GUILLEMARD ST				
	KIT WILSON				
	PENSACOLA, FL 32501				
	850-438-7580				

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BILLABLE ACCESSORIALS
SPECIAL GUARANTEE

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SEAL#6440637

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

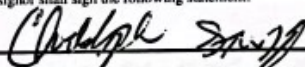
COD Charges paid by

☐ Shipper

☐ Consignee

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Ft Myers, FL 33906

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