



Bill to:  
Prospensive Logistics  
,  
,  
,

Invoice Date: 01/22/2024  
Invoice #: 684390  
Terms: NET 30  
Due Date: 02/22/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/20/2024		3 Titus Street, Cumberland, RI, USA - 525 Emerald Road North, Greenwood, SC, USA			
			1	\$1,700.00	\$1,700.00

<b>TOTAL</b>
\$1,700.00

**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



C.L. Services, Inc. dba Prospensive Logistics  
4220 International Pkwy Ste 300  
Atlanta, Georgia 30354  
Chase Sinclair  
678-538-2651 x2651 (phone)  
(678) 686-0935 (fax)  
csinclair@prospensive.com

**Load Number:** Load-684390

**Date:** 01/20/2024

**Equipment Type:** Dry Van 53'

**Initials:**

**Truck Number:**

**Cancel Reason Code:**

**Hazmat Required:** ☐

**Tracking Agreement:**

**Special Driver Instructions:**

**Payment Processor:** Prospensive Logistics uses TriumphPay to pay all Carrier Invoices

**Special Instructions:**

**Carrier:** BRZ

**Contact:** Sean Tomovic, (p) (708) 303-5150 (f)

**Permits Required:** ☐

**Signature:**

**Trailer Number:**

**Freight Temperature:**

**Time Sent:** 1/20/2024 12:04 PM

**Total Insurance Amount:** 100,000.00

**Acceptable Equipment Types:**

### Shipper Pickup (Stop 1)

Viecura // Cumberland, RI  
3 Titus Street  
Cumberland, RI United States 02864  
**Expected Date:** 01/20/2024  
**Shipping/Receiving Hours:** 09:00-11:00  
**Appointment Required:** Yes  
**Appointment Time:** 11:00-14:00

**Pickup Instructions:** Shipper is aware// waiting on driver  
**Shipper References:** 6200032058  
**Pickup/Delivery Number:**  
**Shipping/Receiving Hours:** 09:00-11:00  
**PO Number:** 6200032058

### Consignee Delivery (Stop 2)

Cardinal Health // Greenwood, SC  
525 N Emerald Rd  
Greenwood, SC 29646  
**Expected Date:** 01/22/2024  
**Shipping/Receiving Hours:** 08:00-18:00  
**Appointment Required:** Yes  
**Appointment Time:** 08:00

**Delivery Instructions:**  
**Consignee References:**  
**Pickup/Delivery Number:**  
**Shipping/Receiving Hours:** 08:00-18:00  
**PO Number:** 6200032058

### Shipment Information

Handling Unit		Package									LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description	Length	Width	Height	Dimension Units	NMFC #	NMFC Class
				30000 lbs		Medical Kits						

Carrier Fees	
Description	Cost
Net Freight Charges	USD 1,700.00
<b>Total Cost</b>	<b>USD 1,700.00</b>

Proponsive Logistics hours are from 7:30 am to 5:30 pm EST

If you need any assistance after-hours, please call 678-686-0933

PAYMENT 3 OPTIONS TO PREVENT DELAYS (Please Make Note of Address Changes):

1. Email BOL, Invoice, and all other documents to [invoicing@proponsive.com](mailto:invoicing@proponsive.com) THE LOAD NUMBER MUST BE IN THE SUBJECT LINE – NO EXCEPTIONS!

2. Send all paperwork via fax to 678-686-0943

3. Mail all paperwork to:

CL Services Inc. dba Proponsive Logistics

4220 International Parkway

Suite 300

Atlanta Ga 30354

This confirmation is an agreement between C.L. Services, Inc. and CARRIER listed, to haul the indicated load at the rate listed on the rate confirmation. CARRIER is not dispatched with receipt of the confirmation. This is a brokered load. This load is exclusive use of the trailer, unless otherwise noted on the rate confirmation. Shipper/Receiver shall be responsible for payment only to BROKER.

By accepting this load, CARRIER agrees to Proponsive's terms and conditions (<https://proponsive.com/terms-conditions/>) and releases the shipper/receiver from any liability for payment of transportation charges.

X Conor Smith

Date: 1/19/24

## BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

Page 1 of 1

<b>SHIP FROM</b> VIECURA INC. 3 TITUS STREET CUMBERLAND, RI 02864		Bill of Lading Number: 01192024  <div style="text-align: center; border: 1px solid black; height: 40px; margin: 10px 0;">BAR CODE SPACE</div>					
<b>SHIP TO</b> CARDINAL HEALTH GREENWOOD RC KPR 525 N. EMERALD RD. GREENWOOD, SC 29646		Carrier Name: C. L. Services Transport SCAC: CVQC  Trailer number:					
<b>FREIGHT CHARGES BILL TO</b> CARDINAL HEALTH – K PATIENT RECOVERY / CARD01 C/O DATA2 LOGISTICS P.O. BOX 57990-0990 SALT LAKE CITY, UT 84107		SPAC: Pro Number:  <div style="text-align: center; border: 1px solid black; height: 40px; margin: 10px 0;">BAR CODE SPACE</div>					
<b>Special Instructions:</b>  Non Stackable		<b>Freight Charge Terms</b> (Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>  <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.					
<b>CUSTOMER ORDER INFORMATION</b>							
Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information			
28 PALLETS / 3180 CARTONS	3180	17,250	Y   N				
WINGS KNIT PANTS			Y   N				
PO#: 6200032058			Y   N				
			Y   N				
<b>Grand Total</b>							
<b>CARRIER INFORMATION</b>							
<b>Handling Unit</b>		<b>Package</b>				<b>LTL Only</b>	
Qty	Type	Qty	Type	Weight	HM (X)	<b>Commodity Description</b> <small>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 Section 2(e) of NMFC Item 360</small>	NMFC No. Class

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 \_\_\_\_\_."

**COD Amount: \$** \_\_\_\_\_  
 Fee terms: Collect ☐    Prepaid ☐    Customer check acceptable ☐

**Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).**

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, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees. <b>Shipper Signature</b> _____	
<b>Shipper Signature/Date</b> 1/19/24 <small>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 the DOT.</small>	<b>Trailer Loaded:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver	<b>Freight Counted:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces	<b>Carrier Signature/Pickup Date</b>  <small>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.</small>



Date: 1/19/24

## BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

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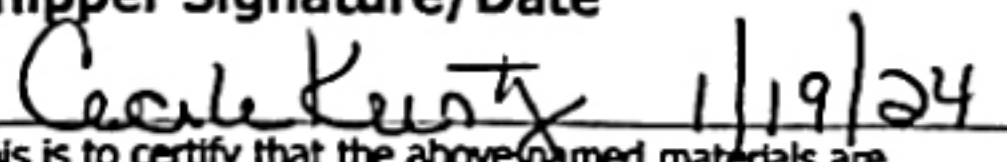
<b>SHIP FROM</b>				Bill of Lading Number: 01192024			
VIECURA INC. 3 TITUS STREET CUMBERLAND, RI 02864				BAR CODE SPACE			
<b>SHIP TO</b>				Carrier Name: C. L. Services Transport SCAC: CVQC			
CARDINAL HEALTH GREENWOOD RC KPR 525 N. EMERALD RD. GREENWOOD, SC 29646				Trailer number: HT 367112			
<b>FREIGHT CHARGES BILL TO</b>				SPAC:			
CARDINAL HEALTH – K PATIENT RECOVERY / CARD01 C/O DATA2 LOGISTICS P.O. BOX 57990-0990 SALT LAKE CITY, UT 84107				Pro Number:  BAR CODE SPACE			
Special Instructions:  Non Stackable				Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>			
				<input type="checkbox"/> Master bill of lading with attached underlying bills of lading.			
<b>CUSTOMER ORDER INFORMATION</b>							
Customer Order No.		# of Packages		Weight		Pallet/Slip (circle one)	
28 PALLETS / 3180 CARTONS		3180		17,250		Y   N	
WINGS KNIT PANTS						Y   N	
PO#: 6200032058						Y   N	
						Y   N	
<b>Grand Total</b>							
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Handling Unit		Package				LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description	NMFC No.   Class
						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 Section 2(e) of NMFC item 360	

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 \_\_\_\_\_."

**COD Amount: \$** \_\_\_\_\_

Fee terms: Collect ☐   Prepaid ☐   Customer check acceptable ☐

**Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).**

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, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees.	
Shipper Signature/Date  1/19/24		Shipper Signature _____	
Trailer Loaded: <input type="checkbox"/> By shipper <input type="checkbox"/> By driver		Freight Counted: <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces	
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 the DOT.		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.	

1-22-24  
