



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

Invoice Date: 02/22/2024
Invoice #: 1618274
Terms: NET 30
Due Date: 03/22/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/19/2024		2590 Lindsay Privado Dr, Ontario, CA 91761 - 4225 S 57th St, Omaha, NE 68117			
			1	\$2,999.00	\$2,999.00

TOTAL
\$2,999.00

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: Jace Warkentien
Phone: 312-300-7447 x8090

Emergency Phone: 312-300-7447

Load and Rate Confirmation Agreement
Load #1618274

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

Carrier Information

Load Number:	1618274	Driver Name:	Anis
Carrier Number:	40745	Truck Number:	605
MC Number:	086875	Trailer Number:	PTLZ232177
Carrier Name:	BRZ	Carrier Phone:	708-303-5150
Attention:	Shawn Popovic	Carrier Fax:	
Sent To:	shawn@rtbrz.com, jace.warkentien@circledelivers.com		

Load Information

Bill Of Lading:	Order-7953	PO Number:	4531937163
Commodity:	FAK	Piece Count:	46
Commodity Desc:	Hosp. Supplies (Gloves, Underpads, slippers, lab coats, ect.)	Ref Number:	Order-7953
Dimensions:	L:53';	Trailer Req:	Van
Load Size:	Truckload	Weight:	30,000
Miles:	1,511.00		

#1 Shipper

Monday, 02/19/2024 from 06:00 - 16:00

Company: A360 - Ontario
Address: 2590 Lindsay Privado Dr
City/St/Zip: Ontario, CA 91761
Load Monday 2/19 06:00-16:00 FCFS Ref: Order-7953

#2 Consignee/Final Destination

Thursday, 02/22/2024 at 05:00

Company: Cardinal Health - Omaha
Address: 4225 S 57th St
City/St/Zip: Omaha, NE 68117
DEL 02/22 05:00 Ref: 4531951598

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 BEFORE LEAVING RECEIVER - 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: \$2,999.00



Dispatcher

Dispatcher: Jace Warkentien
Phone: 312-300-7447 x8090

Emergency Phone: 312-300-7447

Load and Rate Confirmation Agreement Load #1618274

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

Agreement: This contract rate addendum is entered into on this date, 02/16/2024, 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: \$2,999.00

Carrier: BRZ

MC #: 086875

By: _____

Title: _____

Invoicing Methods

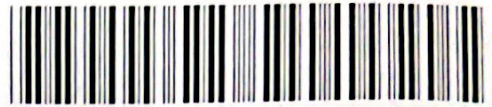
1. Email (preferred): freightpay@circledelivers.com
2. Fax: (317) 324-9919
3. US Mail: Circle Logistics
Attn: Billing Dept.
P.O. Box 8067
Fort Wayne, IN 46898-8067

STRAIGHT BILL OF LADING - ORIGINAL - NOT NEGOTIABLE

accelerate**360**

Accelerate360-Accelerate
2511 Westcott Blvd.
Knoxville, TN, US
Tel: (844) 367-6437
Fax: (865) 470-7388

PLACE PRO STICKER HERE



DATE 02/16/24	SHIPPER'S BILL OF LADING #	CONSIGNEE'S P.O./REF # *7953-TL.1618274-T	CARRIER'S PRO # PRO0305615-1	SCAC:
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FREIGHT CHARGES ARE PREPAID UNLESS MARKED AS COLLECT: CHECK THIS BOX ☐ IF COLLECT

SHIP FROM	PICK UP DATE, TIME: 2/14/24	DELIVER TO	DELIVER DATE, TIME: 2/14/24
	SHIPPER NAME: A360 - Ontario		CONSIGNEE NAME: TTL-Cardinal Health-Omaha
	STREET ADDRESS: 2590 E Lindsey Privado Dr,		STREET ADDRESS: 4225 S 57th Street
	CITY, STATE, ZIP: Ontario, CA, 91761		CITY, STATE, ZIP: Omaha, NE, 68117
	TELEPHONE, FAX:		TELEPHONE, FAX:

PCS	HM	DESCRIPTION, INSTRUCTIONS, MARKS	Lbs
1852		FAK, Freight of all kinds , Skids = 45 Notes: Carrier: BRZ Carrier PO: 1618274 Delivery PO:4531951598 1cs 3PL-TTL987023.5g Powder Free Nitrile Examination Glove, XS 33cs 3PL-TTL987033.5g Powder Free Nitrile Examination Glove, S 178cs 3PL-TTL987043.5g Powder Free Nitrile Examination Glove, M 1cs 3PL-TTL987116.5g Powder Free Nitrile Examination Glove Extended Cuff, L 141cs 3PL-TTL98724Underpad Premium 30x36 134cs 3PL-TTL98725Underpad Standard 30x30 2cs 3PL-TTL98729Patient Slippers, Double Tread, White, Toddler SEAL 685299	22725 Total Pcs: 1852 Total Wght: 22725

Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). 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.

DECLARED VALUE

C.O.D.	REMIT TO:	C.O.D. FEE PAYABLE BY:	Carrier must collect cash, money order, bank cashier's cheque, or bank certified cheque unless shipper signs here indicating company cheque is acceptable:
		<input type="checkbox"/> Shipper <input type="checkbox"/> Consignee	AUTHORIZED SIGNATURE OF SHIPPER

BILL TO	SEND FREIGHT BILL TO: Accelerate	FOR FREIGHT COLLECT SHIPMENTS: If the consignee or their agent defaults on timely payment of all applicable charges, the shipper acknowledges and accepts liability for prompt payment thereof EXCEPT where by their signature below, the carrier is instructed not to deliver this shipment without pre-payment of all applicable charges
	STREET ADDRESS: 2500 Vauxhall Place	
	CITY, PROV, POSTAL: Richmond, BC, CA	
	TELEPHONE, FAX:	
CUSTOMS PAPERS ATTACHED: <input type="checkbox"/>		BROKER: NOTES:
SIGNATURE OF CONSIGNOR		

RECEIVED at the point of origin, on this date, from the shipper, the goods herein described in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned and destined as indicated, which carrier agrees to carry and deliver to the consignee at the destination if on its route, otherwise to deliver to another carrier on the route to destination subject to the applicable standard Bill of Lading conditions of carriage EXCEPT as amended hereon or by carrier tariffs in effect on the date of issue of this bill of lading.

CONSIGNOR (Shipper)	DATE: 2/19/24	CARRIER Pickup Carrier Name: Accelerate360-Accelerate	CONSIGNEE Received in apparent good order except as noted hereon:
	TIME: IN: [] OUT: []		
	Date: <i>Sal Villalvarazo</i>		
	PER: (Signature) <i>Salvador Villalvarazo</i>		
	PRINT NAME		
	Date: 2/19/24 # of Pcs. Received: 45 Space used: Truck #, Trailer#: 605 / PTL7232177		TIME: IN: [] OUT: [] Date: PER: (Signature) PRINT NAME



Kansas Highway Patrol
Email: Khp.TruckInspection@KS.GOV
700 SW Jackson, Ste 704
Topeka, KS 66603
Phone: (785)296-7189 Fax: (785)296-2858

Report Number: KSHP93322601
Inspection Date: 02/21/2024
Start: 12:55 PM CT End: 1:10 PM CT
Inspection Level: III - Driver/Credential
HM Inspection Type: None

Carrier: RIKI TRANSPORTATION INC

DBA: BRZ

8225 LECLAIRE AVE

BURBANK, IL, 60459

USDOT: 3119062

Phone#: (708)303-5150

MC/MX#: 86875

Fax#:

State#:

Location: SEWARD COUNTY - 175

Highway: 054

County: SEWARD

Email: RIKITRANSPORT@GMAIL.COM

Driver: QASEM, ANIS B

License#: 000030678406

State: NC

Date of Birth: 02/09/1987

CoDriver:

License#:

State:

Date of Birth:

Milepost: 011

Shipper: ACCELERATE 360

Origin: ONTARIO, CA

Bill of Lading: 1618274-T

Destination: OMAHA, NE

Cargo: MEDICAL SUPPLIES

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	TT	FRHT	2023	IL	P1066190	605	3AKJHHDR7PSUA1597	52500			
2	ST	HYTR	2023	TN	329944T	232177	3H3V532KXPS101897	68000			

BRAKE ADJUSTMENTS: No brake measurements required for level II or level III

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks:

Alcohol/Controlled Substance Check

Conducted by Local Jurisdiction

X Size and Weight Enforcement

eScreen Inspection

Traffic Enforcement

PASA Conducted Inspection

Drug Interdiction Search

Post Crash Inspection

PBBT Inspection

DRIVER: This form is to be sent to the carrier identified on this report within 24 hours of receipt.

MOTOR CARRIER CERTIFICATION: All defects identified on this report must be corrected or acknowledged PRIOR TO RE-DISPATCH, and then certified by a responsible carrier official who must sign below. RETURN THIS FORM WITHIN 15 DAYS to the Motor Carrier Division of the Kansas Highway Patrol at the address listed at the top of this form. If no violations were discovered, you are not required to sign and return a copy.

NOTE: Challenges to violations may be submitted through the Federal Motor Carrier Safety Administration (FMCSA)'s Data Q Challenge process, at

<https://dataqs.fmcsa.dot.gov>

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By: ID/Badge #:

J. Christian

9332

Copy Received By:

ANIS QASEM

X

X

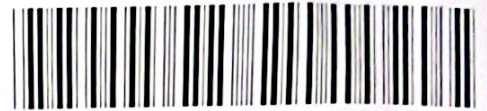


STRAIGHT BILL OF LADING - ORIGINAL - NOT NEGOTIABLE

accelerate**360**

Accelerate360-Accelerate
2511 Westcott Blvd.
Knoxville, TN, US
Tel: (844) 367-6437
Fax: (865) 470-7388

PLACE PRO STICKER HERE



DATE	SHIPPER'S BILL OF LADING #	CONSIGNEE'S P.O./REF #	CARRIER'S PRO #	SCAC:
02/16/24		*7953-TL.1618274-T	PRO0305615-1	

FREIGHT CHARGES ARE PREPAID UNLESS MARKED AS COLLECT: CHECK THIS BOX ☐ IF COLLECT

SHIP FROM	PICK UP DATE, TIME:	DELIVER DATE, TIME:
	2/14/24	2/14/24
	SHIPPER NAME:	CONSIGNEE NAME:
	A360 - Ontario	TTL-Cardinal Health-Omaha
	STREET ADDRESS:	STREET ADDRESS:
	2590 E Lindsey Privado Dr,	4225 S 57th Street
	CITY, STATE, ZIP:	CITY, STATE, ZIP:
	Ontario, CA, 91761	Omaha, NE, 68117
	TELEPHONE, FAX:	TELEPHONE, FAX:

PCS	HM	DESCRIPTION, INSTRUCTIONS, MARKS	Lbs
1852		FAK, Freight of all kinds , Skids = 45 Notes: Carrier: BRZ Carrier PO: 1618274 Delivery PO: 4531951598 1cs 3PL-TTL987023.5g Powder Free Nitrile Examination Glove, XS 33cs 3PL-TTL987033.5g Powder Free Nitrile Examination Glove, S 178cs 3PL-TTL987043.5g Powder Free Nitrile Examination Glove, M 1cs 3PL-TTL987116.5g Powder Free Nitrile Examination Glove Extended Cuff, L 141cs 3PL-TTL98724Underpad Premium 30x36 134cs 3PL-TTL98725Underpad Standard 30x30 2cs 3PL-TTL98729Patient Slippers, Double Tread, White, Toddler SEAL 685299	22725
Total Pcs: 1852 Total Wght: 22725			22725

SUBJECT TO COUNT
Time IN 5:00
Time OUT 5:45

Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). 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.

DECLARED VALUE

C.O.D.	REMIT TO:	C.O.D. FEE PAYABLE BY:	Carrier must collect cash, money order, bank cashier's cheque, or bank certified cheque unless shipper signs here indicating company cheque is acceptable:	AUTHORIZED SIGNATURE OF SHIPPER
		<input type="checkbox"/> Shipper <input type="checkbox"/> Consignee		

BILL TO	SEND FREIGHT BILL TO:	FOR FREIGHT COLLECT SHIPMENTS: If the consignee or their agent defaults on timely payment of all applicable charges, the shipper acknowledges and accepts liability for prompt payment thereof EXCEPT where by their signature below, the carrier is instructed not to deliver this shipment without pre-payment of all applicable charges
	Accelerate	SIGNATURE OF CONSIGNOR
	STREET ADDRESS:	
	2500 Vauxhall Place	
	CITY, PROV, POSTAL:	CUSTOMS PAPERS ATTACHED: <input type="checkbox"/>
	Richmond, BC, CA	BROKER:
	TELEPHONE, FAX:	NOTES:

RECEIVED at the point of origin, on this date, from the shipper, the goods herein described in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned and destined as indicated, which carrier agrees to carry and deliver to the consignee at the destination if on its route, otherwise to deliver to another carrier on the route to destination subject to the applicable standard Bill of Lading conditions of carriage EXCEPT as amended hereon or by carrier tariffs in effect on the date of issue of this bill of lading.

CONSIGNOR (Shipper)	CARRIER	CONSIGNEE
2/19/24 TIME: IN: OUT:	Pickup Carrier Name: Accelerate360-Accelerate	Received in apparent good order except as noted hereon:
Date: 2/19/24	Date: 2/19/24 # of Pcs. Received: 45 Space used:	TIME: IN: OUT:
PER: (Signature) Salvador Villalvarzo	Truck #, Trailer#: 608 / PTL7232177	Date: 2/16/24
PRINT NAME	PER: (Signature)	PER: (Signature) Michael Ross
	PRINT NAME	PRINT NAME