

**Bill to:**

Sethmar Transportation llc
P.O.BOX 23770,
Overland Park,
KS,
66202

Invoice Date: 02/28/2024

Invoice #: 221362

Terms: NET 30

Due Date: 03/28/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|------------|------------|
| 02/27/2024 | | 501 W Railroad Ave, Syracuse IN 46567 - 210 N Carroll Street, Thurmont MD 21788 | | | |
| | | | 1 | \$1,600.00 | \$1,600.00 |

| |
|--------------|
| TOTAL |
| \$1,600.00 |

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



SETHMAR TRANSPORTATION INC
INVOICES MUST BE PROCESSED AT
AP@SETHMAR.COM
OVERLAND PARK KS 66283

PRO # 221362

Rate Confirmation

02/27/24 10:05:55 (EST)

F
R
O
M

AARON LEWIS
(913) 391-4817
alewis@sethmar.com

C
A
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R

BRZ
(708) 303-5150 (p)
(708) 303-5150 (f)
MC # 86875
DOT 3119062
Driver

Truck #
Trailer #
Cell #

Size & Type: 53' VAN

Pieces: 325

DECLARED VALUE \$100000.00

Description: PLASTICS

Weight: 4491

Miles: 515

| CHARGES | | DISPATCH NOTES |
|----------------|---------|--|
| LINE HAUL RATE | 1600.00 | ALL JASPER TRUCKS MUST BE EMPTY/DISPATCHED BY NOON. MUST ARRIVE AT SHIPPER NO LATER THAN 1400. |
| TOTAL RATE | 1600.00 | |

PICK 1

JASPER PLASTICS
501 W RAILROAD AVE
SYRACUSE IN 46567
Hours : 1200-1800
Phone/Contact: (574) 457-2062 ALAN

Appointment 02/27/24
Appt Notes: FCFS 0900-1400

STOP 1

NVR-THURMONT
210 N CARROLL STREET
THURMONT MD 21788
Hours : 0600-1330
Phone/Contact: (310) 271-5300 AMANDA BROWN

Appointment 02/28/24
Appt Notes: FCFS 0600-1330

AFTER HOURS REQUESTS (6pm CST-9pm CST): Email AFTERHOURS@SETHMARTRANS.COM
All requests between 9pm-6am CST will be answered as soon as possible but will be delayed. Please let your Sethmar contact know before 9pm if you are delivering after 9PM CST and before 6AM CST and do not have a way to pay for a lumper.

Send Carrier Bills to ap@sethmar.com - any accessorials should be sent in with POD at the same time within 48 hours of delivery, please.

** Beginning 11/1/2022 - Sethmar will assess a \$25 administrative fee for each EFS check issued by Sethmar. This administrative fee will be deducted from the vendor or carrier's rate. **

Carrier Signature _____

Date _____ / _____ / _____
M D

Doc ID: 2624022709059730
Send Carrier Bills to the Address Above
Sertifi Electronic Signature

PRO # 221362

must appear on all Invoices

Please e-mail load documents and carrier invoice to ap@sethmar.com

Terms and Conditions

This rate confirmation is subject to the terms and conditions of the master Contract Carrier Agreement ("Agreement"), and this rate confirmation constitutes an amendment to the Agreement. If Carrier has not signed the Agreement, then the rate shown in this rate confirmation is the agreed individually negotiated rate and no other rates shall apply including any tariff rate of terms. Carrier may not add any charges which are not listed in this rate confirmation or pre-approved by Broker in writing.

The rate, unless otherwise stated in the rate confirmation, is inclusive of any fuel surcharge. Accessorial charges (including but not limited to labor, detention, and/or layover charges) must be pre-approved by Broker in writing. Broker will not provide any reimbursement for unapproved accessorial charges.

The rate is contingent upon successful and on-time completion of all terms and conditions of this rate confirmation and the Agreement. The rate is subject to reduction in Broker's discretion if Carrier picks up or delivers after scheduled time and date, or if Carrier fails to complete any terms and conditions. Any rate deduction or fine to Broker resulting from Carrier's act or omission will be deducted from Carrier's rate.

Carrier must include a signed copy of the shipper's bill of lading and any other proof of delivery with Carrier's invoice to Broker. Failure to submit proof of delivery within fifteen days of delivery will result in a \$150 deduction from Carrier's invoice. All overage, shortage, and damage must be reported to Broker immediately, at time of occurrence, and noted on the bill of lading. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lumber receipt is provided when a lumber is hired, and/or that both are included as supporting documents with the Carrier's invoice.

By accepting this rate confirmation, Carrier represents and warrants to Broker that (a) Carrier is a Registered Motor Carrier of Property authorized by the Federal Motor Carrier Safety Administration ("FMCSA"); (b) Carrier does not have an "Unsatisfactory" safety rating from FMCSA and has no knowledge of any threatened or pending interventions by FMCSA or any other legal or regulatory authority; (c) Carrier will comply with all U.S. DOT and FDA regulations applicable to its operations while transporting the shipment, including but not limited to driver hours of service and the Food Safety Modernization Act (FSMA), if applicable; and (d) Carrier is in compliance with the requirements of the California Air Resources Board (CARB) with respect to Transport Refrigeration Units (TRU's or reefers) or similar requirements of the Environmental Protection Agency (EPA) and other states, where applicable. Carrier shall indemnify and hold harmless Broker and/or shipper for any fines or penalties resulting from noncompliance.

Pursuant to the Agreement, Carrier will provide an amount of cargo insurance coverage sufficient to cover the loss or damage of any commodities and cargo carried. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried pursuant to this rate confirmation. If Carrier's cargo insurance policy contains a schedule of covered drivers or vehicles, Carrier will not transport any cargo of this shipment using a driver or vehicle that is not scheduled on Carrier's cargo insurance policy.

THIS LOAD SHALL NOT BE DOUBLE BROKERED. Carrier shall transport the shipment under its own operating authority and subject to the terms of this Agreement. In the event Carrier re-brokers, co-brokers, subcontracts, assigns, interlines, or transfers the transportation of shipments hereunder to any other person or entity conducting business under a different operating authority without prior written consent of Broker, Broker shall have the right of paying the monies it owes Carrier directly to the delivering carrier, in lieu of payment to Carrier and, notwithstanding Broker's payment to delivering carrier, Carrier shall not be released from any liability to Broker under the rate confirmation, Agreement or otherwise.

| | |
|--|------------------------------|
| E-Signed : 02/27/2024 09:08 AM CST | |
| <i>John Djordjevic</i> | |
| dispatch@rtbrz.com IP: 91.143.219.198 | Sertifi Electronic Signature |
| DocID: 20240227090539736 | |

| | | | | | | | |
|--|------------|--|-----------|-------------------------|-------------|------------|---------------|
| Bill Of Lading - Short Form - Not Negotiable | | BOL Number: 221362 | | | | | |
| Ship From | | Pro # : 221362 | | | | | |
| JASPER PLASTICS 501 W RAILROAD AVE SYRACUSE IN 46567 (574) 457-2062 ALAN | | Ship Date : 02/27/24 | | | | | |
| | | Cust Ref # : THURMONT 2/27 | | | | | |
| Ship To | | PU Ref # : | | | | | |
| | | Del Ref # : | | | | | |
| NVR-THURMONT 210 N CARROLL STREET THURMONT MD 21788 (310) 271-5300 AMANDA BROWN | | Del Appt : 02/28/24 | | | | | |
| | | Carrier : BRZ | | | | | |
| Bill To | | Carrier Pro# : REVENIP | | | | | |
| | | References | | | | | |
| SETHMAR TRANSPORTATION PO BOX 23770 OVERLAND PARK KS 66283 | | F76428 | | | | | |
| | | F75719 | | | | | |
| Special Instructions: | | Freight Terms: | | | | | |
| RECEIVE HOURS 6AM- 1:30PM M-F BOXES | | Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party XXX <input type="checkbox"/> | | | | | |
| PO'S F76428, F75719 325 | | | | | | | |
| QTY | PKG | Wgt | HM | Item Description | DIMS | Cls | NMFC # |
| 321 | 1 | 1034 | | Design boards | 216x35x54 | | |
| 1 | 1 | 1071 | | design boards | 126x54x61 | | |
| 1 | 1 | 984 | | design boards | 126x54x65 | | |
| 1 | 1 | 928 | | design boards | 126x54x59 | | |
| 1 | 1 | 474 | | design boards | 84x40x49 | | |

| | |
|--|--|
| <p>*Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations.</p> <p>Haz Mat emergency Contact #</p> | |
| <p>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 not to exceed _____ per _____"</p> | <p>COD Amount: \$ _____</p> <p>Fee Terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Check Acceptable <input type="checkbox"/></p> |
| <p>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B)</p> | |
| <p>For Freight Collect Shipments:</p> | |
| <p>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.</p> <p>Signature of Consignor: _____</p> <p>Shipper Signature / Date _____</p> <p>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.</p> <p>Signature of Shipper: _____ Date: 2-27-24</p> <p>Consignee/Receiver Signature / Date _____</p> <p>This is to certify that the above named materials were received in apparent good order (except as noted).</p> <p>Signature of Consignee: _____ Date _____</p> | <p>Trailer Loaded: _____ Freight Counted: _____</p> <p>By Shipper By Shipper</p> <p>By Driver By Driver</p> <p>Carrier Signature / Date _____</p> <p>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.</p> <p>Carrier: _____ Date: _____</p> |

| | | | |
|--|------------|---|------------|
| Lading - Short Form - Not Negotiable | | BOL Number: 221362 | |
| Ship From | | Pro # : 221362 | |
| WASPER PLASTICS | | Ship Date : 02/27/24 | |
| 501 W RAILROAD AVE | | Cust Ref # : THURMONT 2/27 | |
| SYRACUSE IN 46567 | | PU Ref # : | |
| (574) 457-2062 ALAN | | Del Ref # : | |
| | | Del Appt : 02/28/24 | |
| | | Carrier : BRZ | |
| | | Carrier Prof# : REVENIP | |
| Ship To | | References | |
| NVR-THURMONT | | F76428 | |
| 210 N CARROLL STREET | | F75719 | |
| THURMONT MD 21788 | | | |
| (310) 271-5300 AMANDA BROWN | | | |
| Bill To | | | |
| SETHMAR TRANSPORTATION | | | |
| PO BOX 23770 | | | |
| OVERLAND PARK KS 66283 | | | |
| Special Instructions: | | Freight Terms: | |
| RECEIVE HOURS 6AM- 1:30PM M-1 | | Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party XXX | |
| BOXES | | | |
| | | PO S F76428, F75719 325 | |
| QTY | PKG | Wgt | HM |
| 321 | 1 | 1034 | |
| 1 | 1 | 1071 | |
| 1 | 1 | 984 | |
| 1 | 1 | 928 | |
| 1 | 1 | 474 | |
| Item Description | | DIMS | Cls |
| Design boards | | 216x35x54 | |
| design boards | | 126x54x61 | |
| design boards | | 126x54x65 | |
| design boards | | 126x54x59 | |
| design boards | | 84x40x49 | |
| *Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations. | | | |
| Haz Mat emergency Contact # | | | |
| Where the rate is dependent on value, shippers are required to state specifically in writing the agreed value of the property. The agreed or declared value of the property is specifically stated by the shipper not to exceed _____ per _____ | | | |
| COD Amount: \$ _____ | | | |
| Fee Terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Check Acceptable <input type="checkbox"/> | | | |
| None/Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(O)(1)(A) and (B) | | | |
| For Freight 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: _____ | | | |
| Trailer Loaded: _____ Freight Counted: _____ | | | |
| By Shipper _____ By Driver _____ | | | |
| Carrier Signature / 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. | | | |
| Carrier: _____ Date: _____ | | | |
| Signature of Shipper: _____ Date: 2-28-24 | | | |
| Consignee/Receiver Signature / Date _____ | | | |
| This is to certify that the above named materials were received in apparent good order (except as noted). | | | |
| Signature of Consignee: Dan McMaack Date 2-28-24 | | | |