



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

Invoice Date: 03/11/2024  
Invoice #: 1641020  
Terms: NET 30  
Due Date: 04/11/2024

| Date       | Customer Ref # | Origin - Destination  | Quantity | Rate       | Amount     |
|------------|----------------|---|----------|------------|------------|
| 03/09/2024 |                | 1 Jim Walter Dr Texarkana, AR 71854 - 6307 W Fort St Detroit, MI 48206-0001 |          |            |            |
|            |                |   | 1        | \$1,800.00 | \$1,800.00 |

|              |
|--------------|
| <b>TOTAL</b> |
| \$1,800.00   |

**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**



## Dispatcher

Dispatcher: Jossval Guerra  
Phone: 260-208-4500 x1882  
  
Emergency Phone: 260-203-1660

## Load and Rate Confirmation Agreement Load #1641020

*To accept load please sign and email this sheet back to: [jossval.guerra@circledelivers.com](mailto:jossval.guerra@circledelivers.com)*

## Carrier Information

|                 |   |                 |              |
|-----------------|---|-----------------|--------------|
| Load Number:    | 1641020   | Driver Name:    | jusniel      |
| Carrier Number: | 40745   | Truck Number:   | 854          |
| MC Number:      | 086875  | Trailer Number: | 97039        |
| Carrier Name:   | BRZ   | Carrier Phone:  | 708-303-5150 |
| Attention:      |   | Carrier Fax:    |              |
| Sent To:        | linda@rtbrz.com,<br>hjones@circledelivers.com, ratecon@circledelivers.com,<br>jossval.guerra@circledelivers.com |                 |              |

## Load Information

|                 |             |                |            |
|-----------------|-------------|----------------|------------|
| Bill Of Lading: | 3000412884  | Pickup Number: | 3000412884 |
| Commodity:      | Paper       | Piece Count:   | 11         |
| Commodity Desc: | PAPER ROLLS | Ref Number:    | 3000412884 |
| Load Size:      | Truckload   | Trailer Req:   | Van        |
| Miles:          | 972.00      | Weight:        | 44,564     |
| PO Number:      | 11164671    |                |            |

## #1 Shipper

Saturday, 03/09/2024 at 12:00

Company: Abernathy warehouse  
Address: 1 Jim Walter Dr  
City/St/Zip: Texarkana, AR 71854

Must check in as Circle Logistics. Trailer must be clean, dry, food grade, less than 10 years old by manufacture date (they will check), no holes, no roll doors or lift gates. Trailer denied does not constitute a TONU or any other fees. Some shipments may run short, and driver may be instructed to load at a different warehouse (<1/2 mile away). Driver must have document stating "Bill of Lading" and trailer sealed for loading to be complete. Driver must accept Macropoint Tracking. Detention will be paid at \$35/hr starting two hours after on-time arrival if tracking on Macropoint. Drivers must send BOL prior to leaving the shipper

## #2 Consignee/Final Destination

Monday, 03/11/2024 from 06:00 - 17:00

Company: Evans Distribution  
Address: 6307 W Fort St  
Address 2: SIDING C95  
City/St/Zip: Detroit, MI 48206-0001

M-F 6am - 5pm FCFS Trailer Must Be Clean / Dry and Food Grade. Trailer being denied does not constitute a TONU or any other Fees.

## Additional Information

**Customer Dispatch Notes:** ATTN: DISPATCH = All Shipments MUST be tracked from time of dispatch consistently through delivery. Consistent updates are required!!!

**IMPORTANT:** \*\*DRIVER MUST CHECK IN AS CIRCLE LOGISTICS TO AVOID BEING REFUSED\*\* \*\*Driver must accept Macropoint at time of dispatch and remain on tracking until delivery is complete. Failure could result in a 25% rate reduction.\*\* \*\*Trailer must be < 10 years old, 53' dry van. No reefers or roll doors. Must be clean and dry with no holes\*\*\*\* Trailer denied does not constitute a TONU or any

other fees. \*\*Accessorial charges (including but not limited to labor, detention, and/ or layover) must be authorized and approved prior to or at time of occurrence. Report in and out times upon arrival and departure. \*\* \*\*If any delays or issues occur we need to be notified ASAP\* \*\*Carrier will not re-broker, co-broker, subcontract, assign, interline, partial, or transfer any parts of the assigned services. Broker shall be entitled to liquidated damages in the amount of five thousand dollars (\$5,000) per event of breach\*\* Accessorials and signed BOL must be submitted within 48 hours of delivery for reimbursement

**Amount to invoice Circle Logistics, Inc: \$1,800.00**



## Dispatcher

Dispatcher: Jossval Guerra  
Phone: 260-208-4500 x1882

Emergency Phone: 260-203-1660

## Load and Rate Confirmation Agreement Load #1641020

**To accept load please sign and email this sheet back to: [jossval.guerra@circledelivers.com](mailto:jossval.guerra@circledelivers.com)**

**Agreement:** This contract rate addendum is entered into on this date, 03/08/2024, 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](mailto: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: \$1,800.00**

**Carrier:** BRZ

**MC #:** 086875


**By:** \_\_\_\_\_

**Title:** Linda Ferrer

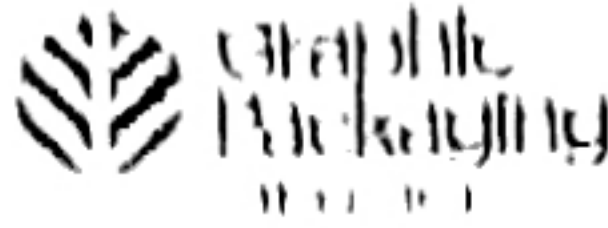
### Invoicing Methods

1. Email (preferred): [freightpay@circledelivers.com](mailto: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



| Date: 03/09/2024  |  |          |  | BILL OF LADING |  |   |  | Page 1 of 1           |  |                                 |  |
|---|--|----------|--|----------------|--|---|--|-----------------------|--|---------------------------------|--|
| Shipper Name: Graphic Packaging Intl LLC  |  |          |  |                |  | BOL Number: 03686330004128840   |  |                       |  |                                 |  |
| ABERNATHY WAREHOUSE<br>1 JIM WALTER DRIVE<br>TEXARKANA, AR 71854-4840<br>SID #: 0B55 FOB: ( )   |  |          |  |                |  | <br>(402)03686330004128840   |  |                       |  |                                 |  |
| SHIP TO<br>EVANS DISTRIBUTION SYSTEMS<br>6307 WEST FORT ST<br>DETROIT, MI 48209<br>Location#: CID #: 0000800201 FOB: ( X )  |  |          |  |                |  | CARRIER NAME: CIRCLE LOGISTICS INC<br>Trailer number: CLNCW97039<br>Seal number(s): 0241918   |  |                       |  |                                 |  |
| THIRD PARTY FREIGHT CHARGES BILL TO   |  |          |  |                |  | SCAC: CLNC<br>Shipment Number: 3000412884<br>Pro number:  |  |                       |  |                                 |  |
| SPECIAL INSTRUCTIONS: SqFt<br>CONTACT FOR DELIVERY: PRIMAVERA FLORES; CUSTOMER SERVICE; PH: 313-827-9459; PFLORES@EVANSDIST.COM; OR FOR ROPS@EVANSDIST.COM; PO 11164671; BC1442X  |  |          |  |                |  | Freight Charges Terms:<br>(freight charges are prepaid unless marked otherwise)<br>Prepaid ( X ) Collect ( ) 3rd Party ( )<br>( ) Master Bill of Lading: with attached underlying Bills of Lading                       |  |                       |  |                                 |  |
| CUSTOMER ORDER INFORMATION  |  |          |  |                |  |   |  |                       |  |                                 |  |
| CUSTOMER ORDER NUMBER   |  |          |  | # PKGS         |  | WEIGHT  |  | PALLET/SLIP           |  | ADDITIONAL SHIPPER INFO         |  |
| 11164671  |  |          |  | 12             |  | 41145   |  | N                     |  | BC1442X - 14 PT CTD PLATE STOCK |  |
| GRAND TOTAL   |  |          |  | 12             |  | 41145   |  |                       |  |                                 |  |
| CARRIER INFORMATION   |  |          |  |                |  |   |  |                       |  |                                 |  |
| HANDLING UNIT   |  | PACKAGE  |  | WEIGHT         |  | H.M. (X)  |  | COMMODITY DESCRIPTION |  | LTL ONLY                        |  |
| QTY TYPE  |  | QTY TYPE |  |                |  |   |  |                       |  | NMFC # CLASS                    |  |
| 12 U  |  | 12 R     |  | 41145          |  |   |  | PULPBOARD PAPER       |  |                                 |  |
| 12  |  | 12       |  | 41145          |  |   |  | GRAND TOTAL           |  |                                 |  |
| Customer Signature _____ Date _____   |  |          |  |                |  | COD Amount: \$<br>Fee Terms: Collect: ( ) Prepaid: ( )<br>Customer check acceptable: ( )  |  |                       |  |                                 |  |
| SHIPPER SIGNATURE/DATE<br><small>This is to certify that the above named materials are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>  |  |          |  |                |  | The carrier shall make delivery of this shipment without payment of freight and all other lawful charges and shall have no recourse against consignor for unpaid freight charges.<br>Shipper Signature _____ Date _____ |  |                       |  |                                 |  |
| CARRIER SIGNATURE/PICKUP DATE<br><small>Carrier acknowledges receipt of packages and required placards. Information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> |  |          |  |                |  | Carrier certifies emergency response  |  |                       |  |                                 |  |
| Property described above is received in good order, except as noted   |  |          |  |                |  |   |  |                       |  |                                 |  |





# BILL OF LADING

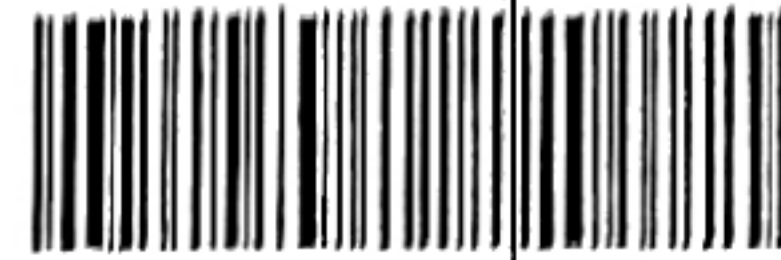
Page 1 of 1

Date: 03/09/2024

Shipper Name: Graphic Packaging Int LLC

BOL Number: 03686330004128840

AMERICAN WAREHOUSE  
1000 W. 11th Street  
Tulsa, OK 74103  
Phone: 918.484.4840



(402)03686330004128840

FOB: ( )

SHIP TO

EVAN DISTRIBUTION SYSTEMS  
300 WEST 10TH ST  
TULSA, OK 74103

CARRIER NAME: CIRCLE LOGISTICS LLC  
Trailer number: CLNCW97039  
Seal number(s): 0241918

SCAC: CLNC

Shipment Number: 3000412884

Pro number:

Location#:

City # 0000800201

FOB: (X)

THIRD PARTY FREIGHT CHARGES BILL TO

SPECIAL INSTRUCTIONS: BqFI  
CONTACT FOR DELIVERY: PRIMAVERA FLORES; CUSTOMER SERVICE  
PHONE: 313.827.9489, PFLORES@EVANBUIST.COM; OR FOR  
RATES: @EVANBUIST.COM, PO 11164671, BC1442X

Freight Charges Terms:

(freight charges are prepaid unless marked otherwise)

Prepaid (X)

Collect ( )

3rd Party ( )

( )

Master Bill of Lading, with attached  
underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO         |
|-----------------------|--------|--------|-------------|---------------------------------|
| 11164671              | 12     | 41145  | N           | BC1442X - 14 PT CTD PLATE STOCK |
|                       |        |        |             |                                 |
|                       |        |        |             |                                 |
|                       |        |        |             |                                 |
|                       |        |        |             |                                 |
| GRAND TOTAL           | 12     | 41145  |             |                                 |

## CARRIER INFORMATION

| HANDLING UNIT |      | PACKAGE |      | WEIGHT | H.M.<br>(X) | COMMODITY DESCRIPTION | LTL ONLY |       |
|---------------|------|---------|------|--------|-------------|-----------------------|----------|-------|
| QTY           | TYPE | QTY     | TYPE |        |             |                       | HMFC #   | CLASS |
| 12            | U    | 12      | R    | 41145  |             | PULPBOARD PAPER       |          |       |
|               |      |         |      |        |             |                       |          |       |
|               |      |         |      |        |             |                       |          |       |
|               |      |         |      |        |             |                       |          |       |
|               |      |         |      |        |             |                       |          |       |
| 12            |      | 12      |      | 41145  |             | GRAND TOTAL           |          |       |

Received by: [Signature]

Date: 03-11-24

Subject to Count and Inspection

Customer  
Signature

Date

SHIPPER SIGNATURE/DATE

By signing this bill of lading, the shipper certifies that the goods are in conformity with the description and quantity stated hereon.

COD Amount: \$

Fee Terms: Collect: ( ) Prepaid: ( )

Customer check acceptable: ( )

The carrier shall make delivery of this shipment without payment of freight and all other charges, and shall have no recourse against consignee for unpaid freight charges.

Shipper  
Signature

Date

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

By signing this bill of lading, the carrier certifies that the goods are in conformity with the description and quantity stated hereon.