



**Bill to:**  
HTS Logistics  
12740 Gran Bay Pkwy,  
Jacksonville,  
FL,  
32256

Invoice Date: 05/03/2024  
Invoice #: 0395879  
Terms: NET 30  
Due Date: 06/03/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/02/2024		1901 WINTER STREET, SUPERIOR, WI 54880 - 3511 ENGLE ROAD, FORT WAYNE, IN 46809			
			1	\$1,200.00	\$1,200.00

<b>TOTAL</b>
\$1,200.00

**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**

# HTS LOAD TERMS

By accepting this load, carrier agrees to provide a driver with adequate hours for pickup and delivery as scheduled and will not relay and/or change drivers without notification and approval from HTS.

HTS must be notified immediately and confirmed in writing of any delays or time changes to the pickup and/or delivery schedule.

Failure to follow the requested load terms, may result in deductions to the rate or delayed payment to the carrier.

## EQUIPMENT REQUIREMENTS:

**DRY VAN TRAILER REQUIREMENTS:** All dry vans must be clean, dry and odor free, well maintained trailer that is free of all holes or they will not be loaded.

**REFRIGERATED TRAILER REQUIREMENTS:** All refrigerated trailers MUST be clean, odor free, downloadable and pre-cooled prior to arrival. Refrigerated trailers MUST also be equipped with functional air chutes. Carrier agrees to maintain temperature as directed on the bills without fail. Carrier understands that any damage caused by failure to do so will be at their liability.

**LOAD LOCKS:** All trailers MUST be equipped with a minimum of 3 load locks and/or straps.

## LOADING:

Driver count is required. Driver is responsible for case count and quality while the product is being loaded. If a shipper attempts to load damaged product and refuses to remove and/or replace it, the driver MUST contact HTS immediately. Driver must be sure all PO's are loaded. Please note, this load has been accepted as a FTL & weights are subject to change. No additional rate will be provided.

**TRAILER SEALS:** Driver MUST ensure trailer is sealed by shipper and the seal number MUST be noted on the BOL. When hauling shipments with multiple stops, driver MUST ensure trailer is resealed by each intermediate shipper/receiver and seal numbers MUST be listed on each corresponding BOL. Driver MUST ensure each receiver notates "seal intact" on each corresponding POD. Any shortages will be Carrier/Driver responsibility if seal is not documented intact on the BOL.

## CHECK CALLS:

**ARRIVALS/DEPARTURES:** Driver MUST notify HTS by calling, texting or emailing upon arrival and departure from all shippers and receivers.

**DAILY CHECK CALLS:** Driver MUST check call twice daily by 1000 EST and 1600 EST.

## ACCESSORIALS:

**ELIGIBILITY:** In order to be eligible for any accessorials, the driver MUST be fully dispatched by HTS by calling 904-660-2400, MUST have accepted TRUCKER TOOLS/ MACROPOINT and MUST be actively tracking for the duration of the event warranting the accessorial. In addition, the driver MUST be on time for their appointment or ETA and the arrival/departure times MUST be notated/stamped on the BOLs by the shipper/receiver.

**DETENTION:** Carrier MUST notify HTS one hour before detention will start by calling 904-660-2400, texting or emailing in notification to [accessorials@hickorytrans.com](mailto:accessorials@hickorytrans.com). Detention will be paid at a rate of \$40 per hour, after the first 3 hours from the appointment, up to a layover. No detention will be paid if contracted as FCFS.

**LAYOVER:** A layover will be paid at a rate of \$150 for dry shipments and \$200 for temperature-controlled shipments, per 24-hour period.

**TONU:** Should a load cancel within 2 hours of the pick-up appointment and no replacement load is available, a Truck Ordered Not Used will be paid at a rate of \$150 for dry shipments and \$200 for temperature-controlled shipments.

## LUMPER FEES:

**REPORTING:** All lumper fees MUST be reported at the time of occurrence and receipts MUST be submitted to [accessorials@hickorytrans.com](mailto:accessorials@hickorytrans.com) within 24 hours of occurrence. Failure to follow these instructions will result in non-reimbursement.

## PAPERWORK:

Driver is responsible for confirming that they have received all paperwork listing all correct PO's for the load they are contracted to transport and must be sure to have paperwork completed with receiver signature on the BOL.

## OS&D:

**REPORTING:** All overages, shortages and/or damages MUST be reported to HTS at the time of occurrence. Driver MUST submit pictures of damaged product, UPC labels and corresponding BOLs/PODs to [os&d@hickorytrans.com](mailto:os&d@hickorytrans.com) immediately.

Failure to report any Overage, Shortage &/or Damage listed on the paperwork may result in a fee of up to \$200 per occurrence.

**DISPOSITION:** Once pictures and paperwork have been received, HTS will request method of disposition from the corresponding Customer. HTS will provide disposition instructions to the Carrier after receiving confirmation of disposition from the Customer. Additionally, Carrier agrees to waive any and all right of salvage of resale of damaged freight without prior written consent from HTS. Standard detention or layover reimbursement applies after 3 hours from receipt of required paperwork to file disposition.

**RETURNS:** If any product is refused/rejected and needs to return to the shipper or reroute to another location, Carrier will receive compensation at a rate of \$1.50 per mile.

## BILLING:

**PAPERWORK** must be submitted to [carrierpay@hickorytrans.com](mailto:carrierpay@hickorytrans.com) upon completion & no more than 24 hours from delivery. When submitting paperwork, Carrier MUST provide all PODs, Trailer Control Records, receipts, exit passes, etc. There will be a fee of \$50 per PO plus cost from receiver if HTS has to recover missing POD's after three attempts to obtain from carrier.

**QUICKPAY (QP):** Carrier must have a delivery history of 3 loads to qualify for QP. We offer ACH & Comchecks as options. QP is not an option for any carrier that is factored. If you wish to request QP, write "Quick Pay" on your invoice and email to [quickpay@hickorytrans.com](mailto:quickpay@hickorytrans.com). For all other QP information including fees, please reach out to HTS to receive a copy of our QP Terms.

HTS LOGISTICS, LLC  
12854 Kenan Drive Ste 100



Page 1

Jacksonville, FL 32258  
877-874-3164 888-979-6013

Load Confirmation

0395879

<b>Carrier:</b>	BRZ	<b>Contact:</b>	JIM DUJANOVIC
	BURBANK IL 60459	<b>Phone:</b>	708-303-5150
<b>Date:</b>	05/01/2024	<b>Fax:</b>	

<b>Order</b>	<b>Order:</b>	0395879	<b>Commodity:</b>	PACKAGING MATERIAL
	<b>Miles:</b>	615.0	<b>Weight:</b>	42000.0
	<b>Temp:</b>		<b>Trailer:</b>	Van (DAT)
	<b>BOL:</b>	4509908931	<b>Reference:</b>	PO 1588334

<b>PU 1</b>	<b>Name:</b>	CHARTER NEX FILMS	<b>Date:</b>	05/02/2024 0800
	<b>Address:</b>	1901 WINTER STREET		05/02/2024 1600
		SUPERIOR WI 54880	<b>Contact:</b>	SHIPPING - FCFS
	<b>Phone:</b>	715-395-1734 x4110	<b>Driver Load:</b>	No driver loading or unload
	<b>Reference number:</b>	CO 174203082		

<b>SO 2</b>	<b>Name:</b>	SABERT CORPORATION	<b>Date:</b>	05/03/2024 1000
	<b>Address:</b>	3511 ENGLE ROAD		
		FORT WAYNE IN 46809	<b>Contact:</b>	RECEIVING
	<b>Phone:</b>	260-747-3149 x6609	<b>Driver Load:</b>	No driver loading or unload

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$1,200.00
	<b>Total Carrier Pay:</b>	\$1,200.00

PLEASE NOTE: DOUBLE BROKERING IS PROHIBITED AND WILL CONSTITUTE FORFEITURE OF PAYMENT.

Driver must verify that all PO's, shipping and receiving locations match what is on the BOL or risk being fined.

**Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.**

CHARTER NEX FILMS - SEALCHN2: \*\*PLEASE NOTE THIS IS A CUSTOMER SENSITIVE LOAD AND THE CUSTOMER APPLIES THE FOLLOWING SERVICE FEES IF APPLICABLE: 1 COMMUNICATION BY THE DRIVER IS A MUST OR NO CHECK CALL FEES OF \$50 PER OCCURRENCE WILL APPLY, 2 LOAD MUST BE TRACKED BY HTS TRUCKER TOOLS OR ADDITIONAL SERVICE FAILURE FEE OF \$100 WILL APPLY, 3 SERVICE FAILURE FEE MAY BE APPLIED UP TO \$500 FOR NO SHOW / MISSED PICKUP OR DELIVERY

Patrick Rascoe 877-874-3164  
prascoe@hickorytrans.com

Please Sign: *Jim Dujanovic*

**Driver Name:** CARLOS  
**Driver Cell:** 561-567-1364  
**Driver Email:** tia@rtbrz.com  
**Tractor #:** 812  
**Trailer #:** PTLZ251822

(X) Accept

( ) Decline



**Attention:** Patrick Rascoe  
877-874-3164

SHIP FROM

Name: **CNG- SUPERIOR, WI**  
Address: 1901 WINTER ST  
City/State/Zip: SUPERIOR, WI 54880  
Contact: Troy Johnson Phone: 715-395-1734

SHIP TO

Name: **SABERT CORPORATION**  
Address: 3511 ENGLE RD  
City/State/Zip: FORT WAYNE, IN 46809  
Delivery Date: 05-06-2024  
Contact: Receiving Phone: 260-747-3149

BILL FREIGHT CHARGES TO:

CASS Info Systems % Sealed Air  
PO Box 67  
St. Louis, MO 63166 USA

SHIPMENT INFORMATION

Shipment Number: **881533038**

CARRIER NAME: **CPU (Customer Pick up)**  
Trailer number: **251812**  
Seal number(s): **5663037**  
SCAC: **CPU1** Mileage : **636 Miles**  
Pro number:

FREIGHT CHARGES

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)  
Prepaid: Prepaid Add: Collect: 3rd Party: **X**  
☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

DO NOT BREAK SHIPPER SEAL/NO TRANS-LOADING: CARGO CLAIM MAY RESULT.

SPECIAL INSTRUCTIONS:

SHIPPER NOTES: Consignee must witness removal of seal/padlock or shipment will be rejected. Food and Medical grade material. Trailer must be clean, odor free, water tight and free from allergens

CARRIER INFORMATION					LTL ONLY
HANDLING	QUANTITY	WEIGHT	H.M.	COMMODITY DESCRIPTION	NMFC # CLASS
QTY	TYPE	QTY	TYPE	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.	
19.0	PLT	19	Piece		77.5
19		19		0	
GRAND TOTAL					

CUSTOMER ORDER INFORMATION

PO NUMBER	PRIMARY REFERENCE	# Pkgs	Weight	Pallet/Slip	Additional Shipper info
1588334	433674	19			Film or Sheeting
GRAND TOTAL		19	0		

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 U.S.C. § 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, and subject to the applicable regulations and rules that have been established by the carrier and are available to the shipper, on request, and for all applicable rates and regulations.

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are property of the shipper and are being transported under the terms and conditions of the DOT emergency response guidelines and regulations of the DOT.  
*Alley, b, n*

Trailer Loaded:

☒ By Shipper  
☐ By Driver

Freight Counted:

☒ By Shipper  
☐ By Driver/Pallets  
☐ By Driver/Pieces

CARRIER SIGNATURE/PICKUP DATE

05-03-2024  
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response guidelines and regulations are available and/or carrier has the DOT emergency response guidelines and regulations documentation in the vehicle.

Shipper Signature



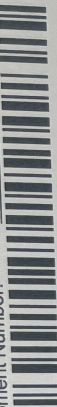
# BILL OF LADING - ME

Date: 5/2/24

## SHIP FROM

Name: **CNG-SUPERIOR, WI**  
 Address: 1901 WINTER ST  
 City/State/Zip: SUPERIOR, WI 54880  
 Contact: Troy Johnson  
 Phone: 715-395-1734

Shipment Number: 881533038



## SHIP TO

Name: **SABERT CORPORATION**  
 Address: 3511 ENGLE RD  
 City/State/Zip: FORT WAYNE, IN 46809  
 Delivery Date: 05-06-2024  
 Contact: Receiving  
 Phone: 260-747-3149

CARRIER NAME: CPU (Customer Pick up)

Trailer number: 251812

Seal number(s): 5663037

SCAC: CPU1 Mileage: 636 Miles

Pro number:

## BILL FREIGHT CHARGES TO:

CASS Info Systems % Sealed Air  
 PO Box 67  
 St. Louis, MO 63166 USA

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)

Prepaid: Prepaid Add: Collect: 3rd Party: X

☐ Master Bill of Lading: with attached underlying Bills of Lading

DO NOT BREAK SHIPPER SEAL/NO TRANS-LOADING: CARGO CLAIM MAY RESULT.

SPECIAL INSTRUCTIONS:

SHIPPER NOTES: Consignee must witness removal of seal/padlock or shipment will be rejected. Food and Medical grade material. Trailer must be clean, odor free, water tight and free from allergens

## CARRIER INFORMATION

COMMODITY DESCRIPTION				LTL ONLY	
HANDLING	QUANTITY	WEIGHT	H.M. (X)	NMFC #	CLASS
QTY TYPE	QTY TYPE				
19.0 PLT	19 Piece	0			77.5
19	19				
GRAND TOTAL					

## CUSTOMER ORDER INFORMATION

PO NUMBER	PRIMARY REFERENCE	# Pkgs	Weight	Pallets/Slip	Additional Shipper Info
1588334	433674	19			Film or Sheeting
GRAND TOTAL		19	0		

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: ☐

See 49 U.S.C. § 14706(c)(1)(A) and (B).

NOTE Liability Limitation for loss or damage in this shipment may be applicable.

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 the date of receipt and for all applicable state and federal regulations.

## SHIPPER SIGNATURE / DATE

The shipper certifies that the contents of this bill of lading are true and correct, and that the property is properly classified, packaged, marked and labeled, and is in proper condition for transportation according to the applicable regulations of the DOT.

*Ally, b, n*

## Trailer Loaded:

☒ By Shipper

☐ By Driver

## Freight Counted:

☒ By Shipper

☐ By Driver/Pleas

## CARRIER SIGNATURE/PICKUP DATE

05-03-2024

Carrier acknowledges receipt of packages and required placards. Carrier certifies that the property is properly classified, packaged, marked and labeled, and is in proper condition for transportation according to the applicable regulations of the DOT.

Shipper Signature

*Jeff L. Ltsm*