



Bill to:
OTC LOGISTICS INC
5593 HAMILTON MIDDLETOWN ROAD,
Middletown,
OH,
45044

Invoice Date: 05/30/2024
Invoice #: 1725923
Terms: NET 30
Due Date: 06/30/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/29/2024		201 MITTEL BLVD, WOOD DALE, IL 60191 - 2200 Menelaus Rd, Berea, KY 40403, USA			
			1	\$1,300.00	\$1,300.00

TOTAL
\$1,300.00

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

OTC LOGISTICS, INC
5593 Hamilton Middletown Road
Middletown, OH 45044



Broker Phone: 513-360-8910

LOAD CONFIRMATION

1725923

Carrier: BRZ
Burbank IL 60459
Date: 05/29/2024

Contact: Steve
Phone: 708-852-5525
Fax: 708-303-5150

Order
Order: 1725923
Miles: 430.0
Temp: min: max:
BOL: 80307270

Commodity:
Weight:
Trailer: Van (DAT)
Reference:

PU 1 Name: POWER SOLUTIONS
Address: 201 MITTEL BLVD

Date: 05/29/2024 06:00PM

WOOD DALE IL 60191
Phone:

Contact:
Dvr Ld/Unld: No driver loading or unload

SO 2 Name: HYSTER YALE
Address: 2200 MENELAUS PIKE

Date: 05/30/2024 06:00AM

BEREA KY 40403
Phone:

Contact:
Dvr Ld/Unld: No driver loading or unload

Payment
Carrier Freight Pay: \$1,300.00
Total Carrier Pay: \$1,300.00

Instructions

Special instructions here

Agreement Please sign and send back to **KRISTINE JACKSON**

X John Djordjevic

***** FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT IN RATE REDUCTION *****

- * Driver must call OTC Logistics for dispatch information at the above number.
- * Driver must report any unscheduled stops, overages, shortages, or damaged product immediately.
- * Driver must call or email when empty.
- * DRIVER ADVANCES - A \$20 fee will be added to any lump sum advance provided to CARRIER by BROKER
- * NO fuel advances will be issued except in emergency circumstances. If BROKER provides a fuel advance, a fee of 10% of the advance amount will be added to the advance at settlement
- * Load tracking is required unless BROKER indicates otherwise. If tracking is required, driver must have a smartphone and must accept tracking via Macropoint or Fourkites. Any interruptions to tracking will result in a \$250 fine.
- * Trailer must be returned within 7 days of delivery date listed or a \$150 per day fine will be applied.
- * RYDER AUTOMOTIVE: \$500 deduction for not wearing safety vests and or sliding tandems all the way to the rear.

QUICK PAY OPTION - PLEASE CHECK & INITIAL BELOW FOR 7-DAY PAYMENT
(LEAVE BLANK TO AUTOMATICALLY RECEIVE PROMPT PAY-28 DAYS AT NO ADDITIONAL FEE)

___1.) SEVEN DAY PAY-Upon proof of delivery and signed bill of lading, OTC Logistics will issue payment within seven days of receipt. The service fee for this program is 3% of your invoice amount. Initial:_____


CARRIER agrees to compensate, indemnify, defend and hold BROKER and Brokers' Customer harmless including attorney fees and costs for enforcing this agreement, for any and all loss or damage to cargo on each shipment tendered to CARRIER. Carrier further agrees to indemnify, defend and hold BROKER and Broker's Customer harmless from all and any liability, costs and damages to persons and/or property arising out of CARRIERS operations hereunder, including but not limited to all road fuel, and other taxes, fees or permits related to the shipments transported by CARRIER as arranged by BROKER.

All paperwork must be submitted via email to: carrierap@ohiotransport.com in order to process payment. Any pay inquiries should be directed to this account as well.

Date: 05/28/2024

HYSTER-YALE MASTER BILL OF LADING

Page 1 of 2

SHIP FROM		Bill of Lading Number: 80307270	
Ship From Code:	20160191		
Name:	POWER SOLUTIONS		
Address:	201 MITTEL BLVD		
Address 2:			
City/State/Zip:	WOOD DALE, IL 60191		
Contact Name:	NA	Scheduled Pickup Date: 05/29/2024	
Contact Number:	888-473-1134	Pickup Number:	
SHIP TO		CARRIER: Ohio Transport Corp.	
Ship To Code:	101010CS	SCAC: OHTP	Equipment: Dry Van
Name:	HYSTER-YALE GROUP, INC.	Seal Numbers:	
Address:	2200 MENELAUS PIKE	Stop 1:	Stop 6:
Address 2:	353 WALNUT MEADOW ROAD	Stop 2:	Stop 7:
City/State/Zip:	BEREA, KY 40403	Stop 3:	Stop 8:
Contact Name:		Stop 4:	Stop 9:
Contact Number:	888-473-1134	Stop 5:	Stop 10:
BILL TO:		Freight Charge Terms:	
Name:	Hyster-Yale c/o Ryder Freight Bill Processing	<input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party	
Address:	39550 THIRTEEN MILE ROAD	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:	NOVI, MI 48377 USA	24 HR EMERGENCY CONTACT PHONE NUMBER: 1-800-633-8253	

SPECIAL INSTRUCTIONS: Pick up 2 PM close down the plant at 5 pm. If the driver is running late then call 224-239-0973. Driver must bring in load bars, at least 2 of them. For delays & issues email Caitlyn_S_Jewell@ryder.com; andrew_page1@ryder.com; hysteryale@ryder.com

CUSTOMER ORDER INFORMATION

Work Unit	Sales Order	PO Number	Serial Number	Part Number	Model Number	QTY	Weight
		4201504452				22.0	42000
						3 RACKS	TOTAL: 42000

HANDLING UNIT

UN ID Number	Quantity	Description	Item Description	Freight Class	Hazmat Y/N	Hazardous Class	Packing Group	Weight
3 RACKS	22.0	Pallet RACK	ENGINE ASSY - 2.4L LPG CERTASS IV	70				42000.0

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 the 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.

Subject to Section 7 of conditions of applicable bill of lading, if the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement

The carrier shall not make delivery of this shipment without payment of the freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

Trailer Loaded:

Freight Counted:

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

☒ By Shipper
☐ By Driver

☒ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required paperwork. 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.
X _____

HYSTER-YALE MASTER BILL OF LADING

Date: 05/28/2024

Bill of Lading Number: 80307720



SHIP FROM

Ship From Code: 20160191
 Name: POWER SOLUTIONS
 Address: 201 MITTEL BLVD
 City/State/Zip: WOOD DALE, IL 60191
 Contact Name: NA
 Contact Number: 888-473-1134

SHIP TO

Ship To Code: 101010CS
 Name: **C/O RYDER WAREHOUSE**
 Address: **3900 WENTZ AVENUE**
 City/State/Zip: **353 WALNUT MEADOW ROAD**
 BERE, KY 40403
 Contact Name:
 Contact Number: 888-473-1134

BILL TO:

Name: Hyster-Yale c/o Ryder Freight Bill Processing
 Address: 39550 THIRTEEN MILE ROAD
 City/State/Zip: NOVI, MI 48377 USA

TRAILER # PTLZ-242143

Freight Charge Terms:

☐ Prepaid ☒ Collect ☐ 3rd Party

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

24 HR EMERGENCY CONTACT PHONE
 NUMBER: 1-800-633-8253

SPECIAL INSTRUCTIONS: Pick up 2 PM close down the plant at 5 pm. If the driver is running late then call 224-239-0973. Driver must bring in load bars, at least 2 of them. For delays & issues email Caitlyn_S_Jewell@ryder.com; andrew_page1@ryder.com; hysteryale@ryder.com

CUSTOMER ORDER INFORMATION

Work Unit	Sales Order	PO Number	Serial Number	Part Number	Model Number	QTY	Weight
		4201504452				22.0	42000
3 PAKS TOTAL:							42000

HANDLING UNIT

UN ID Number	Quantity	Description	Item Description	Freight Class	Hazmat Y/N	Packing Group	Packing Weight
3 PAKS	22.0	Pallet RACK	ENGINE ASSY - 2.4L LPG CERTASS IV	70			42000.0

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 _____"

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 the 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.

Michael Thacker 5-30-24 *Michael Thacker*

SHIPPER SIGNATURE / DATE

Trailer Loaded: ☒ By Shipper ☐ By Driver

Freight Counted:

☒ By Shipper ☐ By Driver/pallets said to contain ☐ By Driver/Pieces

Carrier Signature

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required papers. Carrier certifies that the 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. ☒