



Bill to:
TRANSPORTATION MANAGEMENT SOLUTIONS, INC.
,
,
,

Invoice Date: 06/05/2024
Invoice #: 1-238893-0
Terms: NET 30
Due Date: 07/05/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/04/2024		1400 STEVENSON DR, SPRINGFIELD, IL, 62703 - 10417 FERGUSON LANE, WILLIAMSPORT, MD, 21795			
			1	\$2,200.00	\$2,200.00

TOTAL
\$2,200.00

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

TRANSPORTATION MANAGEMENT SOLUTIONS, INC

18450 PINES BLVD, SUITE 203
PEMBROKE PINES, FL 33029

CONFIRMATION OF TARIFF VERBAL RATE AGREEMENT

Pursuant to our verbal agreement of 06/03/2024, between Ben Dixon of **TRANSPORTATION MANAGEMENT SOLUTIONS, INC**, hereafter referred to as **BROKER**, and SHAWN POPOVIC of **BRZ**, hereafter referred to as **Common Carrier**:

Both parties agree that **BROKERS** reference number **1-238893-0**, moving on **06/04/2024**, from **SPRINGFIELD, IL** to **WILLIAMSPORT, MD** (number of intermediate stops shown below), will move at the following rate:

1	FLAT RATE	2,200.0000	\$ 2,200.00

		TOTAL:	\$ 2,200.00

This confirmation governs the movement of the above-referenced freight as of the date specified and hereby amends, is incorporated by reference and becomes a part of that certain Transportation Contract by and between "BROKER" and "Common Carrier". Carrier agrees to sign the Confirmation and return it to BROKER via FAX and Carrier shall be conclusively presumed to have agreed to the rates set forth hereinfor a spot market customer. By its signature below Carrier further represents and warrants that said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to Carrier at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim for undercharges.

**IF AGREED SERVICES ARE NOT FULFILLED, RATES ARE NEGOTIABLE.
IF DOUBLE BROKERED, AGREEMENT IS - VOID!**

COMMENTS

RATE IS FOR DOOR TO DOOR SERVICE AND INCLUDES FUEL SURCHARGE - MUST PICKUP AND DELIVER AS PER OUR INSTRUCTIONS.

CARRIERS ARE REQUIRED TO PROVIDE TMS WITH DRIVERS LOCATION TWICE DAILY WHILE THE DRIVER IS EN-ROUTE. UPDATES SHOULD OCCUR BEFORE 10 AM AND 4PM.

CARRIER AGREES TO FOLLOW CDC GUIDLINES TO PREVENT SPREAD OF COVID-19

**MUST BE A DRY VAN, CLEAN DRY AND ORDOR FREE!
MUST SECURE THE LOAD WITH AT LEAST 2 LOAD BARS SECURELY AGAINST THE FREIGHT TO AVOID SHIFTING!
EFFECTIVE 4/27/2020, TMS WILL REQUIRE DRIVERS THAT ENTER OUR FACILITIES TO WEAR A MASK OR APPROPRIATE FACE COVERING. BASED ON NEW GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND MANDATES NOW BEING ENFORCED IN SEVERAL STATES, WE BELIEVE THIS IS AN IMPORTANT ADDITIONAL MEASURE TO KEEP OUR EMPLOYEES AND THE DRIVERS SAFE. ND THE DRIVERS SAFE.**

Common Ca: FHWA# MC086875
BRZ

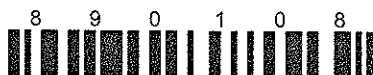
BROKER : FHWA# MC-583889
TRANSPORTATION MANAGEMENT SOLU

BY: _____
TITLE: _____
DATE: _____
PHONE: 708-852-5536 FAX#: _____

BY: Ben Dixon
TITLE: Carrier Sales
DATE: 06/03/2024
PHONE: 859-282-3000 Ext: 210 FAX#: 859-282-6147

E-MAIL: _____
TRK#: 823 TRL#: W94937
DRIVER 1: MIGUEL DRIVER CELL: 773-717-3217
DRIVER 2: DRIVER CELL: _____

E-MAIL: ben.dixon@tms-transportation.com



TRANSPORTATION MANAGEMENT SOLUTIONS, INC

18450 PINES BLVD, SUITE 203
PEMBROKE PINES, FL 33029

CARRIER PICKUP & DELIVERY SCHEDULE

BRZ

FHWA#: MC086875 Telephone#: 708-852-5536 Fax#: E-mail: shawn@rtbrz.com

REFER TO THIS NUMBER FOR BILLING OR INQUIRIES==> **1-238893-0**

Special Instructions:

Equipment Required: **VAN - 53'** Total Load Value: \$ 356,160

PICKUP [1]: BUNN

1400 STEVENSON DR
SPRINGFIELD, IL 62703
800-637-8606 Contact: JEFF KIRBERG
217-585-3281 Contact: KIM PATRICK

Date: 06/04/2024 - 06/04/2024 Commodity: NEW VENDING MACHINES ON PALLETS

Time: 12:00 PM - 3:00 PM P.O.#: B/L#:

Appointment Required: Y Appointment #: 1-238893 SET BY: SHANNON RODDEN

Value: \$ 356,160 Weight: 35000

Pallet Exchange: Quantity: 0 Driver Load:

Length/Width/Height: 0' 0" x 0' 0" x 0' 0"

Temperature Controlled: ___ to ___ degrees Fahrenheit

Delivery [2]: PEPSI BEVERAGE COMPANY

10417 FERGUSON LANE
DOCK #3
WILLIAMSPORT, MD 21795
443-421-3821 Contact: ANGEL (CELL) KELLY
301-582-5112 Contact: ANTHONY TIMMONS

Date: 06/05/2024 - 06/06/2024 Commodity: Miles: 718

Time: 6:00 AM - 2:00 PM P.O.#:

Appointment Required: Appointment #: 1-238893 Set By:

Value: UNDECLARED

Pallet Exchange: Quantity: 0 Unload:

<<< BILL-TO & CONTACT INFORMATION >>> TRANSPORTATION MANAGEMENT SOLUTIONS, INC

18450 PINES BLVD, SUITE 203
PEMBROKE PINES, FL 33029
Telephone: 859-282-3000 Ext: 210 Contact: Ben Dixon
Fax#: 954-433-4455

COMMENTS

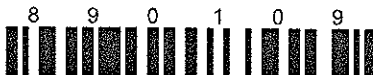
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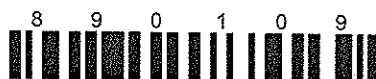
MUST BE A DRY VAN, CLEAN DRY AND ORDDOR FREE!

06/03/2024 2:20 PM BTD



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[illegible]



Date: 6/04/2024		BILL OF LADING		Page 1			
SHIP FROM Name: Bunn-O-Matic Corporation Address: 1400 STEVENSON DRIVE City/State/Zip: SPRINGFIELD, IL 62703 SID#: _____ FOB: <input checked="" type="checkbox"/>			SHIP TO Name: US-CC-WILLIAMSPORT-MD-GRHAM Address: 10417 FERGUSON LN STE 40 City/State/Zip: WILLIAMSPORT, MD 217953220 CID#: _____ Phn#: 3015824442 FOB: <input type="checkbox"/>				
THIRD PARTY FREIGHT CHARGES BILL TO: Name: US-CC-WILLIAMSPORT-MD-GRHAM Address: 10417 FERGUSON LN STE 40 City/State/Zip: WILLIAMSPORT, MD 217953220 SPECIAL INSTRUCTIONS:			Bill of Lading Number: 07250400004537823 (402) 07250400004537823 CARRIER NAME: PICKUP BRZ Seal number(s): 48391 Load Number: TNS R00 1-238893 SCAC: PICK Pro number: 2000000000191986 (9012K) PICK2000000000191986 Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO		
M412288891		384	26488	<input checked="" type="radio"/> Y <input type="radio"/> N	0040613202		
				<input type="radio"/> Y <input type="radio"/> N			
				<input type="radio"/> Y <input type="radio"/> N			
				<input type="radio"/> Y <input type="radio"/> N			
				<input type="radio"/> Y <input type="radio"/> N			
				<input type="radio"/> Y <input type="radio"/> N			
GRAND TOTAL		384	26487				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	LTL ONLY		
QTY	TYPE	QTY	TYPE	WEIGHT LBS	H.M. (X)	NMFC #	CLASS
64	plts	192	box	22905		DISP OR URN	119620S1 92.5
8	plts	192	box	3582		PARTS, PLASTIC	156600S5 125.0
72		384		26487		GRAND TOTAL	
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, 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.						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
SHIPPER SIGNATURE / DATE 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 Department of Transportation. 6/4/24						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 DOT emergency response guidebook or equivalent documentation in the vehicle. Signature _____ 6-5-24	