



Bill to:  
Fitzmark

Invoice Date: 06/12/2024  
Invoice #: 1601131  
Terms: NET 30  
Due Date: 07/12/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/11/2024		1700 Oak St, Lakewood, NJ 08701 - 6204 New Cut Road, Fairdale, KY 40118			
			1	\$1,100.00	\$1,100.00

<b>TOTAL</b>
\$1,100.00

**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**

**FITZMARK**  
Load Confirmation  
Order# 1601131



Cargo Value of \$100,000.00

Special Instructions

Customer Notes

\$250 fee per missed delivery. \$150 deduction for failure to accept MacroPoint.

**PLEASE SIGN AND EMAIL TO**  
**bhernandez@fitzmark.com**

OR FAX TO 3178133920

Signature *Steve Tatum*

Name **Steve Tatum**

Date **06/11/2024**

Driver's Name **Ian Kirk Patrick Bucknor**

Driver's Cell **(954) 744-6769**

Truck# **853**

Trailer# **PTLZ244777**

By signing, I acknowledge that I have read and understand the terms and conditions that FitzMark Indianapolis has set forth on this contract. I also understand that failure to adhere to these terms and conditions may result in a rate reduction at the discretion of FitzMark.

Ask about our QuickPay for 3%

Direct deposit available!

Contact [accounting@fitzmark.com](mailto:accounting@fitzmark.com)

**RIKI TRANSPORTATION INC.**

**MC# 086875**

📞 708.303.5150



**steve**

📞 708.852.5525

✉ [steve@rtbrz.com](mailto:steve@rtbrz.com)

**FitzMark - MC# 586603**

**950 Dorman St. Indianapolis, IN 46202**

📞 317.981.1366

📞 866.944.8717

**Bryce Hernandez**

📞 317.981.1366 X 243

✉ [bhernandez@fitzmark.com](mailto:bhernandez@fitzmark.com)

**Shipment Stops**



ADS0082001393-Accupac-1700 Oak St-  
Lakewood-087015926  
1700 Oak St  
Lakewood, NJ 087015926

**JUN 11, 2024**

**07:00 - 15:00**



**PICK**

32,488 lbs

25 Pallets

53 Feet

**REF#**

11#ADS; MO#TL;  
CR#TRUE;  
CN#LD17166691;  
BM#LD17166691;  
CR#SDF;



SDCADS010-Advanced Sterilization  
Products C/O UPS-SCS-6204 New Cut  
Road-Fairdale-40118  
6204 New Cut Road  
Fairdale, KY 40118

**JUN 12, 2024**

**09:00**



**DROP**

32,488 lbs

25 Pallets

**REF#**

;

\*\*This agreement is subject to the terms of the carrier agreement previously executed between our companies\*\*

1. Driver MUST call when loaded at pickup location and empty with verbal proof of delivery

2. Delivery date and times are contractual. If driver is unable to adhere to the scheduled appointment times, or if delays are expected that may hinder an on-time delivery, driver must notify FitzMark immediately prior to appointment times or incur a pay deduction of \$100 per missed appointment.

3. Signed confirmation, signed original Bill of Lading, invoice, lumper receipt, and all other supporting documentation must be sent with or before the POD before payment will be made.

4. Lumper must be authorized by dispatch; receipt must have the lumper's name. If the driver anticipates detention prior to the 2 hour mark they must notify the FitzMark representative before it starts; Driver must have times in/out & signature on BOL and provide proof of detention (signed bills) within 24 hours.

5. Carrier is responsible for all freight and accessorial charges not sent within 10 days (or accessorial charges sent after the POD).

6. This rate is inclusive of all charges.

7. Payment terms are net 30 days.

8. Carrier is responsible for verifying load/skid count and temperature for all shipments. Discrepancies must be noted and reported back to FitzMark immediately, prior to departure.

9. If you require FitzMark to cut a T-Check for you for any reason, there will be a \$15 processing fee.

10. Driver must arrive with a clean, dry, hole-free trailer - or be subject to refusal with no compensation.

11. Freight is to be run dedicated with no additional freight or consolidation unless specifically noted "Partial" or "LTL" on this rate confirmation.

12. Carrier must comply with the FDA's Food Safety Modernization Act on regulated moves

13. Driver is responsible for confirming the safe and appropriate loading of freight on their trailer. If freight is loaded in such a way that damage might be incurred due to shifting during transit, it is the driver's responsibility to have the shipper rework the product.

14. Carrier shall not cause or permit any shipment tendered hereunder to be brokered to or transported by any other motor carrier, or in substituted service by rail or other modes of transportation without the prior written consent of FitzMark. Any unauthorized substitution of service or co-brokering will result in forfeiture or deduction of freight charges due.

15. It is the driver's responsibility to ensure trailer is sealed prior to departing any location that has loaded or left freight on the trailer. Driver, under no circumstances, is to remove the seal from the trailer without direct authorization from FitzMark. Removal of seal will result in forfeiture of contracted payment and claim filing for all freight on trailer.

Types	Units	Rate	Subtotal
Line Haul	1	\$1,100.00	\$1,100.00

**USD Total** (All Inclusive Rate - ICL FUEL SURCHARGES)

POD without supporting accessorial documents

\$1,100.00

POD with supporting accessorial documents

\$1,100.00

**\*\* Please email your invoices & complete paperwork to [accounting@fitzmark.com](mailto:accounting@fitzmark.com). Please Include the FitzMark Load Number in the Subject Line.**

**\*\* Coming soon: FitzMark is partnering with TriumphPay Payments to get you paid faster and make both our back offices more efficient!**

**\*\* Carriers will not be eligible for Quick Pay until 30 days after their first successfully delivered load.**

**\*\* NOAs should be sent to [NOA@fitzmark.com](mailto:NOA@fitzmark.com) to ensure timely and accurate payment.**

**\*\* For Payment Questions, Email [accounting@fitzmark.com](mailto:accounting@fitzmark.com) or call 317.475.0960 ext 199.**

**\*\*\* Fitzmark has 24-hour coverage! For afterhours updates or emergencies, please call 866.944.8717 or email [afterhours@fitzmark.com](mailto:afterhours@fitzmark.com) for assistance.**

**\*\* For QuickPay, please claim your TriumphPay Payments profile and update your payment type to QuickPay.**



Date: 06/10/2024 10:41 AM

## BILL OF LADING

Page 1

**SHIP FROM**  
Name: Accupac  
Address: 1700 Oak St  
City/State/Zip: Lakewood, NJ 08701-5926 US  
Contact Name:  
Phone / Fax: P: F:  
SID#: ADS0082001393

BOL Number :



PRO Number: LD17166691

**SHIP TO**  
Name: Advanced Sterilization Products C/O  
Address: UPS-SCS  
6204 New Cut Road  
City/State/Zip: Fairdale, KY 40118 US  
Contact Name:  
Phone / Fax: P: F:  
CID#: SDCADS010

CARRIER NAME: FITZMARK

Trailer Number:

Seal Number(s):

SCAC: FZMK

Planned Delivery 12 Jun 2024 - 12 Jun 2024

SO#

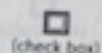
Services:

**BILL TO:**  
Name: Advanced Sterilization Products, Inc. c/o  
UPS SCS Financial Svcs Ctr  
Address: 2240 Outer Loop  
ATTN: ACCOUNTS PAYABLE  
City/State/Zip: LOUISVILLE, KY 40219 US  
Special Instructions:

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

Prepaid X Collect 3rd Party

Load ID: LD17166691

Master Bill of Lading: with attached  
Underlying Bills of Lading

Stop	Location
1 - Pickup	Accupac 1700 Oak St Lakewood, NJ 08701-5926 US
2 - Drop	Advanced Sterilization Products C/O UPS-SCS 6204 New Cut Road Fairdale, KY 40118 US

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	TOTAL PKGS	TOTAL WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
	25.0	32488.00	Y N	

HANDLING UNIT	PACKAGE	QTY	TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC #	LTL ONLY Dimensions	CLASS
25.0	PALLET		Carton	32488.00		Medical Devices			
25.0		0		32488.00					70.0

GRAND TOTAL	COD Amount: \$	Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	Customer check acceptable: <input type="checkbox"/>

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 is 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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

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

## SHIPPER SIGNATURE / DATE

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.

## Trailer Loaded:

☐ By Shipper  
☐ By Driver

## Freight Counted:

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

## Shipper Signature

## 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. Property described above is received in good order, except as noted.







Date: 06/10/2024 10:41 AM

# BILL OF LADING

Page 1

Name: SHIP FROM  
Address: Accupac  
1700 Oak St  
City/State/Zip: Lakewood, NJ 08701-5926 US  
Contact Name:  
Phone / Fax:  
SID#: P: F:  
ADS0082001393

BOL Number :



PRO Number: LD17166691

Name: SHIP TO  
Address: Advanced Sterilization Products C/O  
UPS-SCS  
6204 New Cut Road  
City/State/Zip: Fairdale, KY 40118 US  
Contact Name:  
Phone / Fax: P: F:  
CID#: SDCADS010

CARRIER NAME: FITZMARK  
Trailer Number:

Seal Number(s):

SCAC: FZMK

Planned Delivery 12 Jun 2024 - 12 Jun 2024

SO#

Services:

## BILL TO:

Name: Advanced Sterilization Products, Inc. c/o  
UPS SCS Financial Svcs Ctr  
Address: 2240 Outer Loop  
ATTN: ACCOUNTS PAYABLE  
City/State/Zip: LOUISVILLE, KY 40219 US

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

Prepaid X Collect 3rd Party

Special Instructions:

Load ID: LD17166691

☐  
(check box)

Master Bill of Lading: with attached  
Underlying Bills of Lading

## Stop Location

1 - Pickup  
Accupac  
1700 Oak St  
Lakewood, NJ 08701-5926 US  
2 - Drop  
Advanced Sterilization Products C/O UPS-SCS  
6204 New Cut Road  
Fairdale, KY 40118 US

**SUBJECT TO COUNT**  
**SEAL INTACT/MISSING/BROKEN**

Cs 12 Jun 2024

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	TOTAL PKGS	TOTAL WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
	25.0	32488.00	Y N	

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #	Dimensions
25.0	PALLET		Carton	32488.00			
25.0		0		32488.00			
				GRAND TOTAL			

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"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 is this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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Trailer Loaded:

☐ By Shipper  
☐ By Driver

Freight Counted:

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

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. Property described above is received in good order, except as noted.

Cami Sam

12 Jun 2024

One visibly damaged unit