



Bill to:
Redwood

Invoice Date: 06/13/2024
Invoice #: 3491024
Terms: NET 30
Due Date: 07/13/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/12/2024		281 Airtech Parkway, Plainfield, IN 46168 - 10055 Satellite BLVD NW Suwanee, GA 30024			
			1	\$1,435.00	\$1,435.00

TOTAL
\$1,435.00

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



CARRIER CONTRACT & RATE CONFIRMATION

Carrier: Zigi Freight Inc. DBA Royal3
Inc
Attention: Robert Jovanovic
MC #: 944686
Direct

BILLING DETAILS

Transflo Use Broker ID: TSGNV
Velocity:
Email: pod@redwoodlogistics.com

Carrier must submit all payment documents together at the same time including Invoice, POD, Lumper receipt (if applicable) and this signed rate confirmation by one of the above methods for payment. Invoice and rate con amounts must match or will lead to delays in payment.

Sign up for payment information and quick pay options at www.TriumphPay.com
Questions? Call (866) 912-2763

Redwood Load# 3419024

Redwood Rep: Ryan Ruholl
tel. (312)698-8288 x8288
Email: ruholl@Redwoodlogistics.com
After Hours (877)874-7400 ext 9

Note: Thanks!

This confirmation must be signed prior to pick up and must be accompanied with the load paperwork for payment.

Description	Rate	Quantity	Extended Cost
Line Haul	\$1,148.00	1.00	\$1,148.00
On Time Delivery	\$287.00	1.00	\$287.00
Balance Payable:			\$1,435.00

Truck Requirements	Truck Type: Van	Length: 53.00 Feet
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Pick		#1
Facility: Nestle Healthcare Nutrition/OHL 281 Airtech Parkway Plainfield, IN 46168	Earliest: 6/12/2024 22:00 Latest: 6/12/2024 22:00	Packaged Dry Foods : 43,704.00 lbs
Note: *** OTP AND OTD REQUIRED - CRITICAL LOAD *** 20% OTD RATE CUT IF PICK UP AND DELIVERY IS MISSED *** Driver can't haul our loads if they only have a B1/visa*** E-Tracking Requirements: Detention will only be paid if driver tracks on macro/p44 through the entire trip. Drivers are required to accept tracking, turn location services on and if experiencing issues. *If using a local driver for pick up, the OTR driver information must also be provided, and tracking accepted as well. *** Driver must be able to scale up to 45,500, weight subject to change *** GATE PASS REQUIRED TO BILL FOR DETENTION AT CONS		
PU: U600103529, PO: 34228379		

Drop		#2
Facility: MCKESSON MEDICAL SURGICAL 04 1005 SATELLITE BLVD NW Suwanee, GA 30024	Earliest: 6/13/2024 23:30 Latest: 6/13/2024 23:30	Packaged Dry Foods : 43,704.00 lbs
PU: U600103529, PO: 34228379		
Note:		
Product(s): Packaged Dry Foods	Weight: 43,704.00 lbs	

Customer Notes:

By signing this agreement or by picking up and taking possession of the shipment the CARRIER agrees to all the terms and conditions as outlined in this rate confirmation and the transportation agreement between Transportation Solutions Group, dba Redwood Multimodal (the "BROKER") and the CARRIER (the "Agreement"). No oral agreements or conditions exist. In the event that there is a conflict between the Agreement and this rate confirmation, the Agreement shall control. Further, no charges or amendments to this rate confirmation will be binding unless BROKER approves such changes in writing prior to the CARRIER taking possession of the shipment. In accordance with 49 CFR § 392.9 and 49 CFR § 393.100 et al., the CARRIER and its drivers are solely responsible for verifying the contents, counts, conditions, loading, weight, proper weight distribution per axle, blocking, bracing, and securement of each load for transportation. CARRIER and its drivers are solely responsible for attaching a seal either provided by the shipper or by the CARRIER to each shipment and ensuring the seal is not tampered or broken during transit. Bills of Lading (BOL) must indicate the seal number and "SEAL INTACT" AT THE TIME SHIPMENT IS DELIVERED. Shipments which are pre-loaded and sealed or whereas the driver is not permitted on the dock to witness the loading or counts are required to be marked on the BOL with "SHIPPER LOAD AND COUNT." CARRIER acknowledges and agrees the CARRIER is liable for the full invoice value of the shipment or any part thereof due to loss or damage. CARRIER shall notify BROKER immediately in the event any exception is listed on the BOL, the seal is broken due to a regulatory inspection, delay in the transportation of the shipment, or there is an incident or accident during transit. FOOD GRADE NOTICE: Due to federal, state and local regulations which govern food grade commodities, if the shipment container is damaged, breached, exposed to outside elements, or the seal is broken during shipment the customer may reject the entire shipment or if CARRIER is not able to provide a downloadable temperature report indicating that required temperatures were maintained at all times during transport. If the customer denies the right of salvage or there is no right of salvage, the CARRIER will remain fully liable for loss or damage to the shipment and no salvage will be allowed. To the extent that any shipments subject to this rate confirmation or the Agreement are transported within the State of California on refrigerated equipment, CARRIER warrants that it shall only utilize equipment which is in full compliance with the California Air Resources Board (ARB) TRU ACTM in-use regulations. CARRIER shall indemnify BROKER and Shipper from any penalties, costs or any other liability, imposed on Shipper or BROKER due to CARRIER'S use of non-compliant equipment. CARRIER is an independent contractor and not an agent or employee of BROKER. CARRIER agrees to obey all federal, state and local laws and regulations. CARRIER acknowledges that BROKER does not exercise direction or control over the daily operations of the CARRIER and that the CARRIER can legally meet all the terms, conditions and times as enumerated herein. CARRIER shall indemnify BROKER for any loss, damage, injury, liability, expense, cost, including reasonable attorney fees, fines, penalties, actions and claims including, but not limited to, claims for injuries to persons, (including death), for damage to equipment, and for damage to third parties arising out of the CARRIER'S own negligence, wrongful act or omission, or failure to comply with the terms of this Agreement. Neither party shall be liable to the other for any claims, actions, or damages due to negligence or willful misconduct of the other party. CARRIER must notify BROKER within 24 hours of any accessorial charges. CARRIER must provide a written certification of detention time signed by the responsible party indicating time in and time out on the BOL. All comchecks incur a minimum of \$5.00 processing fee.

Agreed to this _____ day of _____, 2024
By: _____ (sign)
Name: _____ (print)

Truck#/Trailer #: _____
Pro #: _____

Driver Name: _____
Cell #: _____

No amendments to this rate confirmation will be binding on Transportation Solutions Group dba Redwood Multimodal unless approved in writing prior to Carrier's acceptance of the shipment.



ATTENTION MOTOR CARRIER

Methods for Submitting Paperwork

All carriers must submit an invoice, POD, lumber receipt (if applicable), and signed rate confirmation all together at the time of uploading/emailing.

Below are the methods to submit paperwork for payment:

1. **Transflo (*Preferred Method to get paid faster*)** – existing Transflo Velocity users, please use Broker ID: TSGNV
2. **Email** – send all paperwork to pod@redwoodlogistics.com
 - a. Only include one load per email
 - b. All documents must be attached: carrier invoice, signed POD, lumber receipt (if applicable) and signed rate confirmation
 - c. Documents must be PDF or TIF files
 - d. Only POD@redwoodlogistics.com can be the recipient of the email (Do NOT include other email addresses. If you include additional email addresses your documents will not be received)

If you do not submit an invoice, POD, lumber receipt (if applicable), and signed rate confirmation together all at the same time of uploading/emailing, payment will be delayed.

Methods for Payment Inquiries & Quick Pay

In order to ensure efficient payment to our carrier partners, Redwood has teamed up with **Triumph Pay**.

1. Please visit the Triumph Pay website, www.TriumphPay.com, to sign up, provide payment information, and explore Quick Pay options.
2. If you are not currently being paid via ACH, please visit www.Triumphpay.com to sign up for payments by ACH.
3. If you require support, you can reach out to Triumph Pay Carrier Success Team by calling (866)912-2763 or Info@TriumphPay.com.
4. Questions/Problems/Escalations/Rate Verifications/Payment Status Inquiries SHOULD NOT be submitted to the POD email inbox. They will not be seen or replied to as the POD email inbox is not monitored.
5. All rate verifications MUST be done through the booking carrier rep listed on this rate confirmation.
6. Questions/Escalations issues should be sent to APIquiries@redwoodlogistics.com



Date: 6/12/2024

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: Nestle Healthcare, Inc
Address: 281 AIRTECH PARKWAY STE 101
City/ST/Zip: Plainfield, IN 46168
Phone: (877) 46-3.7853

SID#: 5484463689

FOB: ☐

SHIP TO

Name: Mckesson Med Surgical
Address: 1005 Satellite Blvd NW
Address: Atlanta 04
City/ST/Zip: Suwanee, GA 300242882
CID#:

FOB: ☐

SEND FREIGHT BILL TO:

Name: Cass Information Systems Inc
Address: PO Box 17643

City/ST/Zip: Saint Louis, MO 631787643

Delivery Requested Date: 06/13/2024

All OS&D should be reported to Unyson Logistics within 48 hrs. Call OS&D @ 888-275-7649
or email NestleOSandD@unysonlogistics.com <mailto:NestleOSandD@unysonlogistics.com>

SPECIAL INSTRUCTIONS:

Delivery appointment required for all FTL and LTL loads FTL load scheduling and r
escheduling done in managed receiving com by Nestle transportation Contact mckesso n
appointments us nestle com for assistance LTL load scheduling and rescheduling d one
by carri

Master Bill of Lading Number: 00000009001961662

Bill of Lading Number: 00000009001963246



CARRIER NAME: STRIVE LOGISTICS

4500 W. Dickens CHICAGO, IL 60639

Trailer number: W22718

Seal number(s): 7255374

SCAC: STVG

Pro Number:

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

Prepaid

Collect

3rd Party

☐
(check box)Master Bill of Lading: with attached
underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO PALLET TYPES
34228379	2,760	43,690.13	967.62	Y N	HEATPALLET 25
GRAND TOTAL	2,760	43,690.13	967.62		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)		
QTY	TYPE	QTY	TYPE				
	PLTS	2,760	CTNS	42,440.13		Foodstuffs, other than frozen	73260 60
25		2,760		43,690.13		GRAND TOTAL	

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: ☐

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.

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

Geodis Logistics, LLC

Agent for Shipper

SHIPPER SIGNATURE

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

Trailer Loaded: Freight Counted:

☒ By Shipper☐ By Driver☒ By Shipper☐ By Driver/pallets☐ 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

Signature

Date

Number of Pieces

Date: 6/12/2024

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: Nestle Healthcare, Inc
Address: 281 AIRTECH PARKWAY STE 101
City/ST/Zip: Plainfield, IN 46168
Phone: (877) .46-3.7853

SID#: 5484463689

FOB: ☐

SHIP TO

Name: Mckesson Med Surgical
Address: 1005 Satellite Blvd NW
Address: Atlanta 04
City/ST/Zip: Suwanee, GA 300242882
CID#:

FOB: ☐

954-324-5488

SEND FREIGHT BILL TO:

Name: Cass Information Systems Inc
Address: PO Box 17643

City/ST/Zip: Saint Louis, MO 631787643

Delivery Requested Date: 06/13/2024

All OS&D should be reported to Unyson Logistics within 48 hrs. Call OS&D @ 888-275-7649
or email NestleOSandD@unysonlogistics.com <mailto:NestleOSandD@unysonlogistics.com>

SPECIAL INSTRUCTIONS:

Delivery appointment required for all FTL and LTL loads. FTL load scheduling and rescheduling done in managed receiving com by Nestle transportation. Contact mckesson appointments us nestle.com for assistance. LTL load scheduling and rescheduling done by carrier.

Master Bill of Lading Number: 00000009001961662

Bill of Lading Number: 00000009001963246



CARRIER NAME: STRIVE LOGISTICS

4500 W. Dickens CHICAGO, IL 60639

Trailer number: W22718

Seal number(s): 7255374

SCAC: STVG

Pro Number:

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

Prepaid

Collect

3rd Party

(check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

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25		2,760		43,690.13		GRAND TOTAL	

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The agreed or declared value of the property is specifically stated by the shipper and does not exceed

per

COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐

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.

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Agent for Shipper

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Trailer Loaded: Freight Counted:

☒ By Shipper☐ By Driver☒ By Shipper☐ By Driver/pallets☐ 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.

Signature

Date

Number of Pieces