



Bill to:
CIRCLE LOGISTICS
4808 KROEMER ROAD ,
Fort Wayne,
IN,
46898

Invoice Date: 07/17/2024
Invoice #: 1760165
Terms: NET 30
Due Date: 08/17/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/16/2024		355 Old Dalton Rd, Calhoun, GA 30701 - 4707 N Orion Blvd, Orlando, FL 32826			
			1	\$1,700.00	\$1,700.00

TOTAL
\$1,700.00

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



Dispatcher

Dispatcher: Jace Warkentien
Phone: 312-300-7447 x8090

Emergency Phone: 312-300-7447

Load and Rate Confirmation Agreement
Load #1760165

To accept load please sign and email this sheet back to: jace.warkentien@circledelivers.com

Carrier Information

Load Number:	1760165	Driver Name:	Ian
Carrier Number:	40745	Truck Number:	604
MC Number:	086875	Trailer Number:	PTLZ244777
Carrier Name:	BRZ	Carrier Phone:	708-303-5150
Attention:	Steve	Carrier Fax:	
Sent To:	steve@rtbrz.com , jace.warkentien@circledelivers.com		

Load Information

Bill Of Lading:	88012307	Miles:	525.00
Commodity:	FAK	PO Number:	195554 - Eric
Commodity Desc:	Turf	Pickup Number:	186416
Dimensions:	L:53';	Ref Number:	88012307
Load Size:	Truckload	Trailer Req:	Van
Manifest Number:	FTUF3DA88012307	Weight:	45,000

#1 Shipper

Tuesday, 07/16/2024 from 11:00 - 16:00

Company: Calhoun
Address: 355 Old Dalton Rd
City/St/Zip: Calhoun, GA 30701

APPT. PRESET FOR 7/16 AT 11:00 0800-1830 M-F Appt. Needed -After check-in, drivers may be asked to wait at the Pilot/Truckstop until they are called back for loading -Macropoint must be installed and accepted throughout the duration of the load or there will be a \$100 rate reduction -Pickup and Delivery appointments are firm. Missing an appointment is considered a service failure -Service Failures Can result in the following: Rate reduction up to 50%, Loss of lane -Detention starts after four hours and pays \$40/hr every hour after that with signed BOL's and confirmed times. Maximum detention of \$150 as a layover. Carrier will be liable for any and all potential charges passed down from customer for labor and costs related to delayed and late deliveries

#2 Consignee/Final Destination

Wednesday, 07/17/2024 from 07:00 - 17:00

Company: UCF Field 3 Drills Area
Address: 4707 N Orion Blvd
City/St/Zip: Orlando, FL 32826

Contact: Mark Hulett
Phone: 706-280-8606

MUST DEL ON 7/17 0700-1700 M-F FCFS **DRIVER MUST CALL (706-280-8606) WITH AN ETA FOR DELIVERY 1 HOUR BEFORE ARRIVAL**

Additional Information

Customer Dispatch Notes: Detention starts after four hours and pays \$40/hr every hour after that with signed BOL's and confirmed times. Maximum detention of \$150 as a layover. Carrier will be liable for any and all potential charges passed down from customer for labor and costs related to delayed and late deliveries

IMPORTANT: **DRIVER MUST CALL (706-280-8606) WITH AN ETA FOR DELIVERY 1 HOUR BEFORE ARRIVAL**

Amount to invoice Circle Logistics, Inc: \$1,700.00



Dispatcher

Dispatcher: Jace Warkentien
Phone: 312-300-7447 x8090

Emergency Phone: 312-300-7447

Load and Rate Confirmation Agreement Load #1760165

To accept load please sign and email this sheet back to: jace.warkentien@circledelivers.com

Agreement: This contract rate addendum is entered into on this date, 07/16/2024, by and between Circle Logistics, Inc (hereinafter referred to as "Broker") and BRZ (hereinafter referred to as "Carrier"). All Flatbed open deck loads must tarp! Term and Conditions 1. Broker will remit payment to Carrier for the underlying freight charges within 30 days of receipt of invoice and all required documents. For all detention and truck ordered not used charges, Broker will remit payment to Carrier within 30 days after Broker receives payment from its customers. Broker may offset any cargo claims or other penalties/damages Carrier is responsible for from Carrier's freight charges. 2. Documents required to process payment: a. Invoice b. Original Proof of Delivery w/3 signatures (Shipper, Consignee, and Carrier's driver) c. Signed Rate Confirmation d. Any and all required receipts that Broker requires to invoice its customer e. Arrival and departure times signed by the Shipper and/or Consignee. 3. Carrier or Carrier's driver must fax (317-324-9919) or scan/email proof of delivery within 72 hours of delivery of freight. Failure to send in proof of delivery with 72 hours will result in a \$25 rate reduction. After 3 days, Carrier agrees to a \$5/day rate reduction for each day Carrier does not provide Broker with a proof of delivery. Carrier is responsible for maintaining proof, via fax or email receipt, or submission of POD. 4. Carrier must count and verify the shipment before loading. Carrier must contact Broker re: any discrepancies and must obtain a new confirmation in writing before Carrier's driver departs from Shipper. 5. Carrier agrees that Broker is not liable for any shortages, loss, or damage to cargo transported by Carrier. 6. Unless written waiver is obtained from Broker, Carrier shall look only to Broker, and not to the involved Shipper, Consignee, or customer of Broker, for payment of Carrier's freight charges. Broker shall be entitled to deduct any damages or claims against all of Carrier's outstanding receivables from Broker and shall not be limited to deducting the damage charges solely from the load resulting in the damage and/or claim. No Cargo liability limitations shall apply with respect to this shipment, and Carrier shall be responsible for the full actual cost of any damage or loss to the cargo being transported regardless of the amount of cargo insurance required. 7. Carrier must report any delays in pickup or delivery to Broker. Carrier must obtain a revised rate confirmation from Broker reflecting the revised pickup and/or delivery time(s). 8. Carrier agrees that unauthorized delays in pickup and delivery may result in a rate reduction of greater of 25% of the original agreed rate or the amount that the Broker forfeits on the load. 9. Carrier must tarp all flatbed loads unless authorized on the rate confirmation by Broker that the load does not require tarps. 10. By signing below, Carrier warrants that it is duly and legally qualified to provide transportation services and that it holds auto liability insurance of a minimum of \$1 million and cargo of at least \$100,000. Carrier agrees to notify Broker immediately re: any material changes in Carrier's safety record. 11. Carrier shall also be subject to the Terms and Conditions set forth in the Transportation Brokerage Contract executed with Broker. 12. FATIGUE - Drivers may not operate, nor shall a motor carrier require or permit a driver to operate, a CMV if they are too tired or sick to drive safely. Operation may be discontinued at the driver's discretion. 13. MOBILE PHONE AND TWO-WAY COMMUNICATION DEVICE - Drivers shall not use a hand-held nor a hands-free mobile telephone while driving a CMV. Use of a mobile telephone is permissible by drivers of a CMV when necessary to communicate with law enforcement officials or other emergency services. 14. LOAD SECUREMENT - A driver may not operate a CMV and a motor carrier may not require or permit a driver to operate a CMV unless the CMV's cargo is properly distributed and adequately secured. 15. SEATBELTS - No driver shall operate a commercial motor vehicle, and a motor carrier shall not require or permit a driver to operate a commercial motor vehicle, that has a seat belt assembly installed at the driver's seat unless the driver is properly restrained by the seat belt assembly. 16. RECOMMENDED TRAINING FOR DRIVERS: DEFENSIVE DRIVING TRAINING - Defensive driving training would teach drivers how to recognize potentially hazardous situations sufficiently in advance to allow time to safely maneuver past them. FATIGUE AWARENESS TRAINING - Fatigue awareness training for drivers would teach drivers about the factors contributing to fatigue and their impact on performance along with fatigue awareness and avoidance techniques. 17. When applicable, Carrier agrees to follow the C-TPAT 7/8 and 17/18 Point Container Inspection Process. Carrier also agrees to follow both the C-TPAT Agricultural Processes and the C-TPAT Seal Processes when required.

Quick Pay: Please initial the option of your choice. Email Invoice, B.O.L., Proof of Delivery, and Rate Confirmation to quickpay@circledelivers.com.

Option #1 _____ Get paid in 48 hours 5% discount.

Option #2 _____ Get paid in 7 days 2% discount.

*** Cash Advance Fee - \$ 2.75 +
Mandatory 48 Hour Quick Pay 5%**

Amount to invoice Circle Logistics, Inc: \$1,700.00

Carrier: BRZ

MC #: 086875

By: _____

Title: _____

Invoicing Methods

1. Email (preferred): freightpay@circledelivers.com
2. Fax: (317) 324-9919
3. US Mail: Circle Logistics
Attn: Billing Dept.
P.O. Box 8067
Fort Wayne, IN 46898-8067

DATE: 7/16/2024

NUMBER OF
ATTACHMENTS: _____THE ULTIMATE
SURFACE EXPERIENCE

CP: 45231

FORM: WD-F01
REV: 0

SHIP TO:

CONSIGNEE: UCF Drills Field Direct
ADDRESS: 4707 N Orion Blvd
CITY, ST, ZIP: Orlando FL USA 32826
CONTAINER# _____ BOOKING# _____ SEAL# _____

SHIP FROM:

NAME: FIELDTURF PLANT
STREET ADDRESS: 175 N. INDUSTRIAL, BLVD. N.E.
CITY, ST, ZIP CODE: CALHOUN, GA, 30701

LOAD ORDER: _____

CARRIER NAME: _____

S/O # 000000000186416

SHIPPED PER: _____

CONTACT NAME: _____
PHONE #: _____
EMAIL: _____

Freight Charge Terms (Freight charges are not prepaid unless marked otherwise):

Prepaid ☐ Collect ☐ 3rd Party ☐ COD ☐ Amount \$ _____

MASTER BILL OF LADING - NOT NEGOTIABLE - With Attached Copies

#	Qty	STOCK CODE AND DESCRIPTION OF ARTICLES	Weight
	1	45375	
1	1	10403 178799 ULTRABOND TURF TAPE, 12in x 330ft	lbs
	14	45378	
1	14	10458 TURFGRAB PU 1K 5 GAL PAIL ITEM 233519 FTU	lbs
	40	45472	
1	40	10756 COATS - 39640 (T-450) WHITE THREAD CART 37.65 lbs	lbs
	90	47267	
1	90	11883 GLUE 55-54 PLW	lbs
	1	50395	
1	1	31070 TWO-PACK FIELD SIGNS	lbs
	170	88012307IN001	136.00
	870	88012307001	458.00
	1340	88012307002	677.00
	1785	88012307003C1	951.00
	2234	88012307004C1	1,177.00
	2507	88012307005	1,288.00
	2532	88012307006	1,269.00
7	11436	31650 XT50-4238-NATURAL CLAY BB-FG-STND	5,956.00 lbs

BOL TOTAL : NET 5,747.60 ; GROSS 5,956.00 lbs

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC SS 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.

Carrier Signature: _____

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

Shipper Signature: _____

Trailer
Loaded
by:
Fieldturf

Freight Counted

- ☐ By shipper
☐ By driver/pallets
said to contain
☐ By driver/pieces

All packages shipped received in: (Good ☐ Fair ☐ Poor ☐
Damaged ☐) condition.

Consignee Signature \ Date: _____ 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 applicable regulations of the DOT.

NUMBER OF ATTACHMENTS: _____



THE LIFETIME SURFACE EXPERIENCE

CP: 45231

FORM: WD-F01
REV:0

CONSIGNEE: UCF Drills Field Direct
ADDRESS: 4707 N Orion Blvd
CITY, ST, ZIP: Orlando FL USA 32826
CONTAINER# _____ BOOKING# _____

SHIP TO:

SEAL# _____

SHIP FROM:

NAME: FIELDTURF PLANT
STREET ADDRESS: 175 N. INDUSTRIAL, BLVD. N.E.
CITY, ST, ZIP CODE: CALHOUN, GA, 30701

LOAD ORDER: _____

CARRIER NAME: _____

SHIPPED PER: _____

S/O # 000000000186416

CONTACT NAME: _____
PHONE #: _____
EMAIL: _____

Freight Charge Terms (Freight charges are not prepaid unless marked otherwise):
Prepaid ☐ Collect ☐ 3rd Party ☐ COD ☐ Amount \$ _____

MASTER BILL OF LADING - NOT NEGOTIABLE - With Attached Copies

#	Qty	STOCK CODE AND DESCRIPTION OF ARTICLES	Weight
4	720	88012307007	lbs
	720	88012307008	
	720	88012307009	
	720	88012307010	
	2880	32011 FIT-MTX-THA-4020-SO-5MM-FG	

BOL TOTAL : NET 5,747.60 ; GROSS 5,956.00 lbs

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC SS 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.

Carrier Signature: _____

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

Shipper Signature: _____

Trailer Loaded by: Fieldturf

Freight Counted

- ☐ By shipper
☐ By driver/pallets said to contain
☐ By driver/pieces

All packages shipped received in: (Good ☐ Fair ☐ Poor ☐ Damaged ☐) condition.

Consignee 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 applicable regulations of the DOT.

DATE: 7/19/2024

NUMBER OF
ATTACHMENTS: _____THE ULTIMATE
SURFACE EXPERIENCE

CP: 45231

FORM: WD-F01
REV: 0

SHIP TO:	
CONSIGNEE:	UCF Drills Field Direct
ADDRESS	4707 N Orion Blvd
CITY, ST, ZIP:	Orlando FL USA 32826
CONTAINER#	BOOKING#
	SEAL#

SHIP FROM:	
NAME: FIELDTURF PLANT	LOAD ORDER:
STREET ADDRESS: 175 N. INDUSTRIAL, BLVD. N.E.	CARRIER NAME:
CITY, ST, ZIP CODE: CALHOUN, GA, 30701	SHIPPED PER:
S/O # 000000000186416	
CONTACT NAME:	Freight Charge Terms (Freight charges are not prepaid unless marked otherwise):
PHONE #:	Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> COD <input type="checkbox"/> Amount \$
EMAIL:	MASTER BILL OF LADING - NOT NEGOTIABLE - With Attached Copies

#	Qty	STOCK CODE AND DESCRIPTION OF ARTICLES	Weight
1	1	45375	
	1	10403 178799 ULTRABOND TURF TAPE, 12in x 330ft	lbs
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Carrier Signature: _____

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

Shipper Signature: _____

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Trailer
Loaded
by:
Fieldturf

Freight Counted

- ☐ By shipper
☐ By driver/pallets
said to contain
☐ By driver/pieces

All packages shipped received in: (Good ☐ Fair ☐ Poor ☐
Damaged ☐ } condition.

Consignee Signature \ Date: _____



THE ULTIMATE
SURFACE EXPERIENCE

CP: 45231

FORM: WD-F01
REV:0

NUMBER OF
ATTACHMENTS: _____

SHIP TO:

CONSIGNEE:

ADDRESS

CITY, ST, ZIP:

CONTAINER#

UCF Drills Field Direct
4707 N Orion Blvd
Orlando FL USA 32826

BOOKING#

SEAL#

SHIP FROM:

NAME: FIELDTURF PLANT
STREET ADDRESS: 175 N. INDUSTRIAL, BLVD. N.E.
CITY, ST, ZIP CODE: CALHOUN, GA, 30701

LOAD ORDER:

CARRIER NAME:

SHIPPED PER:

S/O # 000000000186416

CONTACT NAME:

PHONE #:

EMAIL:

Freight Charge Terms (Freight charges are not prepaid unless marked otherwise):

Prepaid ☐ Collect ☐ 3rd Party ☐ COD ☐ Amount \$

MASTER BILL OF LADING - NOT NEGOTIABLE - With Attached Copies

#	Qty	STOCK CODE AND DESCRIPTION OF ARTICLES	Weight
4	720	88012307007	lbs
	720	88012307008	
	720	88012307009	
	720	88012307010	
	2880	32011 FIT-MTX-THA-4020-SO-5MM-FG	

BOL TOTAL : NET 5,747.60 ; GROSS 5,956.00 lbs

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Consignee Signature \ Date: _____ Date _____

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