

NT Logistics, Inc.
Frisco, TX 75034
7460 Warren Parkway, #301
Phone: 469-362-5040

*** Load Confirmation ***



NTGL-426007

Page 1

0415730

Carrier: BRZ
BURBANK IL 60459
Date: 08/21/2024

Contact: Jim Dujanovic
Phone: 705-303-5150 x115
Fax:
Factoring Co: COMPASS FUNDING

Order **Order:** 0415730 **Commodity:** Kidney Dialysis Solution
 Miles: 737.0 **Weight:** 42360.0
 Temp: **Trailer:** Van (DAT)
 BOL: M31060 **Reference:** M31060

PU 1 **Name:** Rockwell Medical **Date:** 08/22/2024 0900
 Address: 30142 Wixom Rd 08/22/2024 1100
 WIXOM MI 48393 **Contact:** Main
 Phone: 248-960-9009 **Drvr Ld/Unld:** No driver loading or unload
 Reference Number: PO M31060

SO 2 **Name:** The University of Vermont Medical Care **Date:** 08/23/2024 0600
 Address: 327 Holly Ct Suite 40 08/23/2024 0800
 WILLISTON VT 05495 **Contact:**
 Phone: **Drvr Ld/Unld:** No driver loading or unload
 Reference Number: PO M31060

Payment **Carrier Freight Pay:** \$2,000.00
 Total Carrier Pay: \$2,000.00

**** Each Comcheck carries a \$10.00 fee, this fee is not reflected in the advance totals shown on this document.**
**** The Total Carrier Pay does not reflect any advancement or fee deductions.**

Instructions

Tracking on Trucker Tools is Required. Driver has to download Trucker tools app the day prior pick up and start tracking 3 hours before pickup. Location settings has to be set on always. Driver has to stay continuously tracking before pick up until the delivery has been made. If driver refuses to track via phone, then the carrier is required to set up for ELD tracking via trucker tools. The rate will be deducted \$100 off the carrier rate if this load is not tracked. (If you accept the load knowing the driver cannot track due to not having ELD or does not have phone that is not compatible to trucker tools, the rate will be deducted.)

This shipment has a strict appointment times. If you do not arrive on time, your rate will be deducted \$150.00 for late charge. That deduction will also go on a daily basis without verifiable reasons.

Agreement

Please sign and return to Eric Gardner

Jim Dujanovic

08/21/2024

*** For after-hours issues please call 469-362-5013**

* For any questions, please call NT Logistics at 469-362-5013

* Driver Must report any overages, shortages of damaged product immediately.

* Email: egardner@ntlogistics.com

* Fax: 469-362-5013

**** 30-day terms: return with required documents to billing@ntlogistics.com or fax 469-362-5075.**

**** Quick-Pay carriers: return with required documents to quickpay@ntlogistics.com or fax 469-362-5076.**



INVOICE

BILL TO:
NT LOGISTICS INC
7460 WARREN PKWY SUITE301
FRISCO, TX 75034

INVOICE DATE: 08/23/2024
INVOICE #: 0415730
TERMS: NET 30
DUE DATE: 09/23/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/22/2024		30142 Wixom Rd, Wixom MI 48393 - 327 Holly Ct Suite 40, Williston VT 05495			
		Freight Income	1	\$2,000.00	\$2,000.00

TOTAL
\$2,000.00

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



THIS SHIPPING ORDER

30142 Wixom Road • Wixom, MI 48393
604 High Tech Court • Greer, SC 29650
4051 Freeport Parkway • Suite 100 • Grapevine, TX 76051
(800) 449-3353 • (248) 960-9009 • Fax: (248) 960-9119

SHIPPER NO. M31066

SHIP TO: THE UNIVERSITY OF VERMONT
327 HULLY COURT SUITE 410
WILLISTON, VT 05495

PURCHASE ORDER #:

ORDER DATE:

ORDER #:

SHIP DATE: 8/22/24

SHIP VIA:

The property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract), agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those of the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

QUANTITY	CODE NO.	DESCRIPTION	LOT NO.	CONDITIONS
1,080 <u>pcs</u>		DIALYSIS CONCENTRATE		Subject to Section 7 of Condition of applicable bill of lading. If this 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 freight and all other lawful charges.
<u>DKIVER</u>		<u>Team</u>	<u>4111415</u>	Signature of Consignor
<u>COMPANY</u>		<u>BR2</u>		If charges are to be prepaid, write or stamp here: "To Be Prepaid" <u>PREPAID</u>
<u>TRAILER</u>		<u>2421415</u>	<u>BR</u>	Received \$ _____ to apply in prepayment of the charges on the property described hereon.
		SKID COUNT: <u>18</u> SEAL #: <u>46456490</u> TOTAL WEIGHT: <u>42,360 lbs</u>		Agent or Cashier
		<u>Anthony Longchamp</u>	<u>8-23-24</u>	Per (The signature here acknowledges only the amount pre-paid.)

I acknowledge that the Rockwell Medical delivery person has transferred the proper product into storage tank.

I acknowledge that the Rockwell Medical has delivered all product, as shown above, in full and good condition.

TOTAL WEIGHT

TOTAL CU. FT.

Signature

Date

Signature

Date

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.
NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper not to be exceeding per Anthony Longchamp

The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Shipper, Per Anthony Longchamp

Agent, Per _____