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LOAD CONFIRMATION

24/7 DRIVER SUPPORT (855) 786-3246

Report All Issues, Delays and Additional Charges Immediately to 24/7 Driver Support
Electronic Tracking Must Be Provided Throughout Transit

Call the Driver Support line and ask for Load Number 59493251

ORDER 59493251

CARRIER	BRZ	***ORDER NUMBER(S) MUST APPEAR ON ALL BILLING***
Echo Rep	Colin Bickler	MODE: TL
Rep Phone	(312) 784-7490	
Rep Email	Colin.Bickler@echo.com	TRAILER TYPE: Van 53' TRAILER #:
Distance	697.27 Miles	Equipment Notes:
Note:		

Pursuant to our verbal agreement of 8/27/2024 between Echo Global Logistics, hereafter referred to as ECHO, and BRZ, MC086875/DOT3119062, hereafter referred to as CARRIER. Both parties agree that Broker's load number 59493251, moving on 08/28/2024 from LOUISVILLE, KY to PAULSBORO, NJ (number of stops shown below) will move at the following rate:

Service for Load # 59493251	Amount	Rate	Extended
Line Haul	1.00	\$2,300.00	\$2,300.00
		Total	\$2,300.00

PAY SUMMARY	
Line Haul	\$2,300.00
Total:	\$2,300.00

BY MEANS OF EITHER SIGNING THIS LOAD CONFIRMATION OR ITS PROVISION OF SERVICE, CARRIER ACKNOWLEDGES AND AGREES THAT IT WILL TRANSPORT THE LOAD SUBJECT TO THE TERMS AND CONDITIONS OF ITS CARRIER AGREEMENT (THE "AGREEMENT") WITH ECHO AND THAT IT AGREES TO COMPLY WITH THE TERMS OF THIS LOAD CONFIRMATION. CARRIER AGREES THAT THE SHIPPER AND CONSIGNEE ARE EACH A THIRD-PARTY BENEFICIARY OF THE AGREEMENT AND THE TERMS OF THIS LOAD CONFIRMATION.

1. Echo tenders this Load as a broker only and Carrier accepts this Load as the motor carrier responsible for its transportation. This Load Confirmation governs the rate for this Load as of the date specified and hereby amends and is incorporated by reference and becomes part of the Agreement. Carrier represents and warrants that it agrees to the rate herein, 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 of undercharges.
2. All travel directions provided by Echo are for informational purposes only. It is Carrier's sole responsibility to lawfully and safely operate all vehicles and their contents over any road, highway, bridge and/or route in strict compliance with all applicable laws, rules and regulations. Carrier shall provide electronic tracking throughout transit of the Load. Carrier must immediately advise Echo if any delivery schedules, specifications, instructions, or requirements cannot be legally accomplished or if the avoidance of any fines, penalties or deductions would require or result in the violation of any laws or regulations. Carrier agrees to be CARB compliant when traveling to, from or through California and shall indemnify Echo and its customers from any loss or damage resulting from Carrier's failure to so comply.
3. Only the Carrier identified in this Load Confirmation is authorized to transport this shipment. Compensation may be withheld if this Load is double-brokered, moved by rail, consolidated with any other freight or if the agreed terms hereunder are not satisfied. Carrier agrees, and authorizes its factoring company, if any, to reimburse Echo for all amounts paid on this Load if it is transported by any carrier other than the Carrier identified herein. Carrier waives

all rights to payment from the shipper and/or consignee.

4. Carrier hereby confirms current and valid insurance coverage without exclusions in conflict with this Load, in amounts no less than the following: one million dollars (\$1,000,000) auto liability coverage, one million dollars (\$1,000,000) general liability coverage, \$100,000.00 cargo coverage, and workers compensation as required by law. If carrier's insurance policy contains a schedule of covered vehicles, Carrier will only transport this shipment using a vehicle that is listed as a scheduled vehicle on their insurance policy. Carrier further confirms that its cargo insurance covers the Item(s) listed below without exclusion.
5. Carrier confirms that the driver assigned to this load is licensed, qualified and has available hours of service sufficient to pick up, transport and deliver this Load as required hereunder. Driver is responsible for an accurate count of crates, pallets/skids, and pieces.
6. Trailer seals must be applied, with the seal number noted on the bill of lading, prior to departure from the shipper. A seal may not be broken with prior written approval from Echo management. Failure to deliver at the designated consignee with the proper seal intact will result in a claim for full value of the Load.

Pickup	
OWENS & MINOR (LOUISVILLE, KY)	PKU# 1920029, 1920029
6201 GLOBAL DISTRIBUTION WAY	Earliest: 08/28/2024 06:00
LOUISVILLE KY 40228	Latest: 08/28/2024 16:00
804-723-7981	Weight: 8884.32
Pieces: 878	Skids: 13
Item: MEDICAL EQUIPMENT	

Pickup INSTRUCTIONS	
NO REEFER // NO ROLL DOORS	

Drop	
OWENS & MINOR 37	DELV# 17055306, 17055306
1220 FOREST PKWY	Earliest: 08/30/2024 05:00
PAULSBORO NJ 08066	Latest: 08/30/2024 05:00
NA	Weight: 8884.32
Pieces: 878	Skids: 13
Item: MEDICAL EQUIPMENT	

Drop INSTRUCTIONS	
STRICT	

INVOICE PAYMENT REQUIREMENTS:

- SIGNED BOL / SIGNED DELIVERY RECEIPT / SIGNED RATE CONFIRMATION SHEET.
- LOAD / UNLOAD / LUMPER RECEIPTS MUST ACCOMPANY INVOICING OR THEY WILL NOT BE PAID.
- MUST REFERENCE LOAD # ON ALL CORRESPONDENCES.
- ALL ACCESSORIAL CHARGES MUST BE PRE-APPROVED & BILLED WITH RECEIPT & POD.

SUBMIT INVOICE TO:

EMAIL
APTRUCKLOAD@ECHO.COM
PHONE: (312) 824-6483



INSTAPAY
INSTAPAY@ECHO.COM
InstaPay Payment - 1.9% Fee*
IP Fax: (312) 784-2380
*Subject to terms and conditions as outlined in the Echo carrier packet

SIGNATURE: _____

DATE: _____



INVOICE

BILL TO:

ECHO GLOBAL LOGISTICS INC
600 WEST CHICAGO AVENUE, SUITE 830
CHICAGO, IL 60610

INVOICE DATE: 08/30/2024
INVOICE #: ORDER 59493251
TERMS: NET 30
DUE DATE: 09/30/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/28/2024		6201 GLOBAL DISTRIBUTION WAY LOUISVILLE KY 40228 - 1220 FOREST PKWY PAULSBORO NJ 08066			
		Freight Income	1	\$2,300.00	\$2,300.00

TOTAL

\$2,300.00

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

ARNING

82733720

Driver
COPY

Book # 10

Date: 8/28/2024

BILL OF LADING

Page 1

SHIP FROM
Owens & Minor Louisville
6201 GLOBAL DISTRIBUTION WAY
Suite 101
Louisville, KY 40228

SHIP TO
OWENS AMP; MINOR - PHILADELPHIA
1220 FOREST PKWY
28366
PAULSBORO, NJ 08066

SEND FREIGHT BILLS TO:
AirLife / SunMed LLC
2710 Northridge Dr NW
Grand Rapids, MI 49544

SPECIAL INSTRUCTIONS:
Do Not Double Stack

Bill of Lading Number: 1920029-2



(402) 1920029-2

Carrier Name: Echo Global Logistics
Equipment: W94945-0828AL-BRZ
Seal number(s): UL-3830489

SCAC: ECHS
Pro Number: 59493251



(9012K) 59493251

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

Prepaid ☒ Collect ☐ 3rd Party ☐

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)	ADDITIONAL SHIPPER INFO
32834	872	8929.57	Y N	057/00/0570077.1/001, 00000700
	0	0.00	Y N	
	0	0.00	Y N	
	0	0.00	Y N	
	0	0.00	Y N	
GRAND TOTAL	872	8929.57		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. <small>See Section 10.1 of the DOT Manual 2022</small>	NMFC #	CLASS
SEE ATTACHED SUPPLEMENT PAGE						<div>Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> Refused <input type="checkbox"/> Number of Pallets <u>16 Pallets</u> Number of Pieces _____ Condition <u>Good</u> Stretch Wrap Intact <u>yes</u> Damage/Breakage _____ O&M Signature <u>Everett Webster</u> Delivery Date <u>8/30/24</u> Date: <u>8/30/24</u></div>		
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: ☐

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.

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

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.

Everett Webster 8/30/24

Trailer Loaded:

☒ By Shipper

☐ By Driver

Freight Counted:

☒ By Shipper

☐ By Driver/pallets said to contain

☐ By Driver/Pieces

SEE OPERA

Bill of Lading Number : 1920029-2

[illegible]