Page 1 of 2



PHONE# 800-245-2402

LOAD AND RATE CONFIRMATION

DO NOT RE-BROKER OR DOUBLE BROKER FREIGHT

CARRIER: CARRIER COD PHONE# FAX#	Riki Transportat E: #BRZBUR (708)303-5150	ion d/b/a BRZ	*MUS	R# 2405423 F APPEAR ON ALL BILLING * ER MUST CALL FOR DISPAT : John	
	/4/2024 12:00:00 PM /6/2024 9:00:00 AM	REL # M940016 BDSL	•	IPMENT: UNK GHT: 0	
10 Columbia Bly Clarksburg, WV			371 SOUTH RODFW AIRPOR	IED CARE COPPELL DYAL LANE T, TX 75261 9/6/2024 9:00:00 AM 9/6/2024 9:00:00 AM	

Remarks: - Driver must call in for dispatch. Trailer must be empty clean / dry / no holes **EXTRA PICKUPS / STOPS:**

TRUCK PAY: FLAT RATE: FUEL SURCHARGE: OTHER	\$ 2300.00 <u>\$.00</u> \$.00	Driver's Name: Truck Number:
<u>OTHER</u> TOTAL:	<u>\$.00</u> <u>\$ 2300.00</u>	Trailer Number:
		Driver's Cell:

OnLine Transport System Inc TERMS AND CONDITIONS

- 1. Any tracking agreed to at time of booking, Fourkites/Carrier Link or Macropoint must be used. Failure to use agreed upon tracking will result in a **\$50 Fine**.
- 2. All drivers are required to count and verify the shipment before loading.
- 3. Online Transport System, Inc, as a broker, will not be responsible for any shortages, loss or damage to the shipments transported by carrier.
- 4. Carrier shall look to Online Transport System, Inc, and not to the involved shipper, consignee or customer of Online Transport System, Inc, for payment of Carrier's freight charges under this agreement. Online Transport System, Inc shall be entitled to deduct any loss, shortage or damage claim from any freight charges that may be owed to Carrier.
- 5. By signing below, Carrier warrants that it is duly and legally qualified to provide the transportation services contemplated herein, and it holds Commercial General Liability insurance for at least \$1,000,000 per occurrence and \$2,000,000 general aggregate, Auto Liability in an amount not less than \$1,000,000 per occurrence, and cargo insurance of at least \$100,000 naming Online Transport System, Inc as a certificate holder.
- 6. Online Transport System, Inc reserves the right to deduct 25% of the load from the pay for late pickup/delivery.
- 7. Load Tampering and/or breaking of the seal will result in deduction of payment up to the full amount on rate con and/or claim.
- 8. Carrier will not accept loads where the HM Column (section 9a and or 27a) of a Uniform Hazardous Waste Manifest is marked.
- 9. Any Online Transport supplied lumper payment will be charged a \$10 admin fee per payment. Lumper Receipts must be sent to <u>oltspa@onlinetransport.com</u> within 48 hours of occurrence to be reimbursed.
- 10. All Flatbed loads must be tarped by the carrier unless written consent is given by the broker.
- 11. By picking up this load, the carrier acknowledges and agrees to the terms and conditions of this document.

Page 2 of 2

PLEASE SIGN & EMAIL BACK TO BROKERAGE@ONLINETRANSPORT.COM. ALL ACCESSORIAL CHARGES **MUST** BE PRE-APPROVED & BILLED WITH RECEIPT & POD. ALL ACCESSORIAL CHARGES MUST BE SUBMITTED WITHIN 48 HOURS.

DETENTION: DRIVERS MUST HAVE TIME IN/OUT SIGNED BY SHIPPER/RECEIVER OR WILL NOT BE PAID!

PAYMENT: REQUIRE SIGNED RATE CONFIRMATION SHEET. ORIGINAL BOL MUST BE SIGNED BY RECEIVER TO BE VALID POD. UNLOAD / LOAD RECEIPTS MUST BE SENT IN AT TIME OF INVOICING OR IT WILL NOT BE PAID. BOL, SIGNED RATE CON, AND INVOICE MUST BE SUBMITTED VIA THE CARRIER PORTAL AT THE FOLLOWING LINK: <u>WWW.CARRIERS.ONLINETRANSPORT.COM</u> WITHIN 14 DAYS OF THE DELIVERY DATE, IF PAPERWORK IS NOT SUBMITTED IN THAT TIME FRAME A \$50 FEE WILL BE DEDUCTED FROM THE PAY. FAILURE TO SEND IN PAPERWORK WITHIN 60 DAYS OF DELIVERY WILL RESULT IN NO PAYMENT.

PAYMENT BY CHECK WILL RESULT IN A \$10 CHECK FEE. TO SIGN UP FOR ACH PAYMENT GO TO WWW.CARRIERS.ONLINETRANSPORT.COM AND SIGN UP.

QUICK PAY WILL BE RELEASED 48 HOURS FROM THE RECEIPT OF REQUIRED PAPERWORK WITH A 2% TRANSACTION FEE. QUICK PAY AVAILABLE AT <u>WWW.CARRIERS.ONLINETRANSPORT.COM</u>.

FOR PAYMENT STATUS PLEASE VISIT WWW.CARRIERS.ONLINETRANSPORT.COM.

The above terms & conditions are agreed upon and acknowledged by:

DISPATCHER:_____

Company:_____

DATE:	
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INVOICE

BILL TO: ONLINE TRANSPORT SYSTEM INC 6311 W STONER DR GREENFIELD, IN 46140

INVOICE DATE: 09/06/2024 INVOICE #: 2405423 TERMS: NET 30 DUE DATE: 10/06/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/04/2024		10 Columbia Blvd, Clarksburg, WV 26301 - 371 SOUTH ROYAL LANE, DFW AIRPORT, TX 75261			
		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

914 MEDEGEN MEDICAL PRODUCTS, LLC 10 COLUMBUS BLVD

TEL:800-511-6298

SIN

CLARKSBURG, WV 26301

STRAIGHT BILL OF LADING-SHORT FORM ORIGINAL- Not Negotiable RECEIVED, subject to the classifications and tarfully filed tariffs in effect on the date of the issue of this BII of Lading order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated any person or corporation in possession of the property under the contact agrees to carry to its usual place of delivery at said tradiout, its mutually agreed, as to each, carrier of all or early of taid property over all or any portion of said route to destination, as be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight BII of Lading set forth hilpment, or (2) in the applicable motor carrier dessification or tartif which governs the transportation of this shipment, and the said term are on the back thereof, set forth in the classification or tartif which governs the transportation of this shipment, and the said term 10 a an to a that he is familiar th all the date bereck, if this is a rail or a rail water shipment, or (2) in the sp gens of the said bill of lading, including those on the back thereof, the shipper and accepted for himself and his assigns. B/L No M940016

CUSTOMER ORDER NUMBER AS BELOW	OUR ORDER NUMBER	PREPAID		SHIP DATE 9/04/24
CARRIER NAME		TRAILER	UMBER Pro	#/Waybill#
WS THOMAS TRANSFER (MM)		TWSN	TRL# WS	
SHIPPED FROM:		CONSIGNED TO:	SEAL#: 1021	
MEDEGEN MEDICAL PRODUCT	S, LLC	FRESENIUS USA	MANUFACTURING	S, INC.
				Di
10 COLUMBUS BLVD		371 SOUTH ROYA	L LANE	a l
and a second s		COPPELL, TX 75		
CLARKSBURG, WV 26301		COFFEDD, IN 15	015	•
				/
TEL: (800) 511-6298		TEL: ()	- A	
SHIPPING INSTRUCTION:	the second s	1	110 100	9.1.24
		ų		1-6-21
		4	10 .	
		1	lisent 1	1. Sta
		[7]	11- 01 /	fu //
SEQ CUSTOMER OU	R CUSTOMER REL	F. QTY.	UNIT	SHIPPED
		UNIT ORDERED	SHIPPED	WEIGHT
# P/O # ORDE	R# NOMBER	UNIT UNDERED	UNITED	- Dioni
1 4511483471 75636	0-001	CS 352	Martine Parties	
Product Code: T564			NMFC#: 02048	30-3
			Freight Clas	5: 60
Dred Doca, Bag, Trad	DOVAE 1 2MI Pro	200/02		
Prod Desc: Bag: Trasl	1 38X45 1.3MI BIN .	200/05		
2 4511483471 756360	0-002	CS 80	80 2,	816.00
			NMFC#: 02048	
Floudee code:F105				
	Bernell, .		Freight Clas	55: 60
Prod Desc: BAG: BIO 3	38X45 3.0ML RED PI	R 100/CS		
3 4511483471 756360	-003	CS 96	96 2	627.52
	0-003	65 50		
Product Code:116			NMFC#: 02048	
			Freight Clas	ss: 60
Prod Desc: Bag: Bio 2	23X23 1.5Ml Red Pr	500/Cs		
_				
4 4512 402 451		CO 144	144 1	752 40
4 4511483471 756360	0-004	CS 144	in the second	
Product Code:4630			NMFC#: 02048	30-3
			Freight Clas	ss: 60
Prod Desc: Bag: Trash	30X36 65M1 Brn	250/Cs		
The Less. Buy. Hubi				
THIS LOAD MUST BE PROTECTED FROM SMOKE DAMA		SHIPPER	CARRIER OR AGENT	CONSIGNEE
ABSOLUTELY NO CHAINS ARE TO BE USED. FAILURE 1 COMPLY COULD RESULT IN REJECTION BY CONSIGNE				
		differ will Go nell Responsibilitio		
NO PART OF THIS SHIPMENT IS TO BE DIVERTED OR		delivering the right product to th		
RECONSIGNED WITHOUT THE EXPRESS AUTHORITY OF the consignor, the consignor, the consignor the consigner, the con				
	The carrier shall not make		and a subscription of the ge	
NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared val	delivery of this shipment without payment of freight and all other			
of the property.	lawful charges.			
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.	Per	Per	Per	Per

MEDEGEN MEDICAL PRODUCTS, LLC 10 COLUMBUS BLVD CLARKSBURG, WV 26301

STRAIGHT BILL OF LADING-SHORT FORM ORIGINAL- Not Negotiable

Received, subject to the classifications and lawfully field tarths in effect on the date of the issue of this Bill of Lading The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined below, which said carrier (the word 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 deflery at said destination, and as to each party at any time interested deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property order to be 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 setforts (1) in Uniform Freight Classification or tariff which governs the transportation of the is shippert, or (2) in the applicable motor carrier classification or tariff which governs the transportation of the is shippert, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIP DATE AS BELOW PREPAID AS BELOW 9/04/24 Pro#/Waybill# TRAILER NUMBER CARRIER NAME TRL# W99430 TWSN WS THOMAS TRANSFER (MM) CONSIGNED TO: SHIPPED FROM: SEAL#: 1021252 FRESENIUS USA MANUFACTURING, INC. MEDEGEN MEDICAL PRODUCTS, LLC 371 SOUTH ROYAL LANE 10 COLUMBUS BLVD COPPELL, TX 75019 CLARKSBURG, WV 26301 TEL: (TEL: (800) 511-6298 SHIPPING INSTRUCTION: UNIT NET SHIPPED CUSTOMER REF. OTY. SEQ CUSTOMER OUR UNIT ORDERED SHIPPED WEIGHT NUMBER P/0 # ORDER# # 128 128 4,505.60 CS 5 4511483471 756360-005 NMFC#: 020480-3 Product Code:169 Freight Class: 60 Prod Desc: Bag: Bio 38X45 3.0Ml Red Pr 100/Cs TRL# W99430 * PRO# Instructions of B/L: Delivery Appointment is required. lakeisha.williams01@fmc-na.com michael.a.white@trublulogistics.com Special B/L Note: WST LOAD# 2405423 Ship to Gross Weight: 23300.00, Pallet: 22.00 Total Cases (CS): 800.00 Total Truck Gross weight=23300.00 LBS (10568.88 KGS) THIS LOAD MUST BE PROTECTED FROM SMOKE DAMAGE. CONSIGNOR SHIPPER CARRIER OR AGENT CONSIGNEE ABSOLUTELY NO CHAINS ARE TO BE USED. FAILURE TO COMPLY COULD RESULT IN REJECTION BY CONSIGNEE. Subject to Sect n 7 of Condit of applicable bill of lading, if this shipment is to be delivered to the Driver will be held responsible for delivering the right product to the onsignee without resource on NO PART OF THIS SHIPMENT IS TO BE DIVERTED OR RECONSIGNED WITHOUT THE EXPRESS AUTHORITY OF signor, the consignor RECONSIGNED THE SHIPPER right consignee; failure to do so hall sign the following state The carrier shall not make id result in additional charges. The c

very of this shipment without ment of freight and all other

wful charges.

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 to be not exceeding.

CS CamScanner⁻⁻

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TEL:800-511-6298

Silas

B/L No M940016

416

MEDEGEN MEDICAL PRODUCTS LLC 1SLOPFR TRANSPORTATION SERVICE REQUEST ******* B/L#: M940016 ******* 9/03/24 9:51:13 PAGE 1 SITE:MMCB, CLARKSBURG, WV, 26301 10 COLUMBUS BLVD, Sender's Tel#: (304) 622-9366 To: WSTT Sender's Fax1: (304) 622-9378 Attn: GEORGE ABEL Truck: X Intermodal: FlatBed: Other: Other: Size: 20' 40'HC 45' 48' 53'_X Preload: NO Reefer Not Allowed Qty To Be Shipped Scheduled Appointment Stp Consignee Information Pallet CS/PC/RL Wgt(LB) Date Date/Time ___ _____
 00
 S/O∦:M841169
 21
 800
 21,817
 Ship:
 9/04/24

 P/O∮:4511483471
 Del.:
 9/09/24
1689am Delivery Ref#:0000756360 Delivery Ref#:0000756360 FRESENIUS USA MANUFACTURING, I JOINT Delivery Appointment is required. B/L Instruction: CSC: EDI Delivery Appointment is required. C receiver 371 SOUTH ROYAL LANE COPPELL TX 75019 lakeisha.williams010fmc-na.com Cont Phone: (972) 304-0261 conf # michael.a.white@trublulogistics.com Total: 21 800 21,817

TIL

Sel# 1021252

General Requirement:

0. Facemask & Social Distancing Mandated For Drivers At All Plant Sites.

1. Reefer Trailer Must Be Approved By the Requester.

2. Van Must Have At Least 3 Load-Locks, Flatbed Must Have Corner Protectors.

3. Minimum Payload:43,5001bs, Open Door Width > 98".

4. Haz Mat, Un-Qualified Equipment Will Be Refused At Carriers Own Cost.

5. Driver To Pickup Intermodal/Rail Load Must Pay \$5 to Weight Axles.

6. Driver Late For Appt Will Not Be Eligible For Detention Charge.

7. Carrier Must Put "Dlvy Appt & Person Confirmed At Consignee" on TSR.

8. Service Items Not Originally Requested Here Must Be Approved in Writing.

9. For More Details, Refer to "Inteplast Transportation Service Guidelines".

Messages From Requester To Carrier: CARRIER: Please Reply "To All Parties In Email Distribution List" When Confirming Your Acceptance Within 2 Hrs. Thank You.

THIS IS FOR PRICING ONLY AT THIS TIME !!

Truck Request M940016

ISLOPFR MEDEGEN MEDICAL PRODUCTS LLC TRANSPORTATION SERVICE REQUEST ******** B/L#: M940016 ******* 9/03/24 9:51:13 PAGE 2 SITE:MMCB, CLARKSBURG, WV, 26301 10 COLUMBUS BLVD,



	Pick-up
	Requested Date: 9/03/24 Time: 10:00:00 By Name & Date: DEAN 9/3/2024
	Base Freight, Per Contract, PC-Miler Current Version or RM Mile Maker R19
	Total Mileage: 0, Rate:\$/Mile,or Amount:\$,Type:
	FSC:\$%,Diesel Avg:\$/gal,as of:_//
	Linehaul:\$ 1958.00, sc:\$ 592.00, sub:\$
(Min:\$)
5	System Rate:\$,Extra Stop#:,for ,Total:\$
	Carrier To Provide Its Base Freight ***ONLY If Different Than Above***
	Total Mileage:, Rate:\$/Mile, Line-haul Amt:\$
	<pre>FSC Rate:\$/Mile(or,%),diesel:\$/gal,as of:,Amt:\$</pre>
	***Other Accessorial Charges:
	a.\$ Reason:, c.\$ Reason:
	b.\$ Reason:, ***Final Freight Amt: \$_2550,00 ***
	Prof: 2405423 Live Load: _ or Preload: _ Trailer# Assigned:
	Pick-up Date: 9,4,24 Time: 12:00 Confirmed Name/Date: Sarah Marcial
	9/3/24

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