



Rate Confirmation Agreement for BRIDGE LOGISTICS INC

- SEND ALL FREIGHT BILLS & INVOICES TO AP@BRIDGELOGISTICSINC.COM OR Bridge Logistics, 5 Circle Freeway, Cincinnati, OH 45246. **BRIDGE LOGISTICS MUST RECEIVE A PROOF OF DELIVERY AND ANY RECEIPTS WITHIN 48 HOURS OF DELIVERING SHIPMENT UNLESS OTHERWISE SPECIFIED IN CARRIER INSTRUCTIONS AND REQUIREMENTS.**
- Bridge Logistics must be notified upon arrival and departure for each stop to be eligible for detention. Detention starts 2 hours after arrival or the start of business hours, whichever is later, for first come first served locations or 2 hours after scheduled appointment times. Missed appointments or late arrivals are not eligible for detention. All in/out times must be marked on the BOL.
- FAILURE TO REPORT LATE PICK UPS OR DELIVERIES MAY RESULT IN A \$200 FINE PER DAY OR UP TO 20% OF THE FREIGHT RATE.
- Lumpers reimbursed only with approval.
- Signature below acknowledges that Carrier has a satisfactory safety rating.
- Executing this rate confirmation, Carrier agrees that he/she has enough available hours of service to pick up and to complete delivery of the tendered load within the time frames dictated by Broker/Customer without violating the FMCSA hours of service regulations.
- Carrier agrees that they are compliant with all applicable safety regulations according to Federal/State/Local requirements. Carrier acknowledges it is responsible for any damage to load and all shortages of freight; for any charges or claims Bridge is charged pertaining to the load; and that is responsible for load and count. Product quantities must be stated on bill(s) of lading ("BOL") prior to leaving the shipper. If carrier's driver is not permitted on dock to verify product count, Bridge must be notified PRIOR to driver signing for the load and BOLs must be marked by shipper "Shipper Load and Count". Any cost incurred by Bridge due to Carrier being late for pick-up or delivery shall be the responsibility of Carrier and may be charged to Carrier in Bridge's sole discretion. If carrier fails to adhere to any instructions set forth in the Rate Confirmation, Carrier shall automatically be liable for any and all damage to the load, without the need for Broker to prove causation. Carrier acknowledges it is solely responsible to ensure load is properly secured PRIOR to departing shipper.
- IF REQUESTED, ALL DRIVERS MUST ACCEPT TRACKING SOFTWARE REQUEST. FAILURE TO ACCEPT MAY RESULT IN CANCELLING OF DISPATCH AGREEMENT AND *****DRIVER MUST CALL BRIDGE LOGISTICS FOR DISPATCH*****

**BRIDGE LOGISTICS INC
5 CIRCLE FREEWAY
Cincinnati, OH 45246
(800) 522-0671**

BRIDGE LOGISTICS INC
5 CIRCLE FREEWAY
CINCINNATI, OH 45246
(800) 522-0671 x 1047



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Load Confirmation

0210228

Carrier: BRZ
BURBANK IL 60459
Date: 10/08/2024

Contact: Shawn Popovic
Phone: (708) 303-5150
Fax:

Order: 0210228
Miles: 771.0
Temp:
Reference: 54385/10456234
Cases/pieces: 26

Commodity: PACKAGING MATERIAL, PALLETIZED
Weight: 25000.0
Trailer: Van (DAT)
BOL:

PU 1 Name: SHORR PACKAGING (IL) Date: 10/08/2024 0800
Address: 4000 FERRY RD 10/08/2024 1700
AURORA IL 60502 Contact: appts
Phone: (888) 885-0055 Driver Load: No driver loading or unload
Reference number: PU 54385/10456234

SO 2 Name: Coregistics Date: 10/09/2024 0800
Address: 1039 Northpoint Pkwy 10/09/2024 1200
ACWORTH GA 30102 Contact: Main
Phone: (678) 453-5900 Driver Load: No driver loading or unload

SO 3 Name: SHORR PACKAGING CORP/ GA Date: 10/09/2024 0800
Address: 3511 NATURALLY FRESH BLVD STE 510 10/09/2024 1500
COLLEGE PARK GA 30349 Contact: THERESA
Phone: (404) 400-5570 Driver Load: No driver loading or unload

Payment Carrier Freight Pay: \$2,400.00

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.

SHORR PACKAGING (IL) - 53 FT VAN WITH SWING DOOR REQUIRED
SHORR PACKAGING (IL) - MUST HAVE DEDICATED USE OF SERVICE***DRIVER MUST PROVIDE
SEAL***PICTURE OF SEAL MUST BE SENT TO TEAM9@BRIDGELOGISTICSINC.COM
SHORR PACKAGING (IL) - SHORAU1: ***MUST ACCEPT PROJECT 44 TRACKING**** DRIVER MUST
DOWNLOAD PROJECT 44 APP PRIOR TO PICK UP***
SHORR PACKAGING (IL) - SHORAU1: MUST HAVE TWO LOAD LOCKS OR STRAPS TO SECURE THIS
LOAD*****MUST RETURN POD WITHIN 24 HOURS OF DELIVERY
SHORR PACKAGING (IL) - must have dedicated use
SHORR PACKAGING (IL) - SHORAU1: MUST HAVE TWO LOAD LOCKS OR STRAPS TO SECURE THIS
LOAD*****MUST RETURN POD WITHIN 24 HOURS OF DELIVERY
SHORR PACKAGING (IL) - SHORAU1: CANNOT LOAD REEFER

Please Sign: Shawn P

Driver Name: Romero
Driver Cell: (941) 290-4770
Driver Email:
Tractor #: 823
Trailer #: 289475

(X) Accept

() Decline

Attention: Chris Hostetter
(513) 874-7444
carrierdispatch@bridgelogisticsinc.com





INVOICE

BILL TO:
BRIDGE LOGISTICS INC
5 CIRCLE FREEWAY
CINCINNATI, OH 45246

INVOICE DATE: 10/09/2024
INVOICE #: 0210228
TERMS: NET 30
DUE DATE: 11/09/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/08/2024		4000 Ferry Rd, Aurora, IL 60502 - 3511 Naturally Fresh Blvd Ste 510, College Park, GA 30349			
		Freight Income	1	\$2,400.00	\$2,400.00

TOTAL
\$2,400.00

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



PO # 99185

Page 1 OF 1

Date: 10/8/2024

BILL OF LADING

SHIP FROM

Name: Shorr Packaging
Address: 4000 Ferry Road
City/State/Zip: Aurora, IL 60502-9540
Phone: 6309781000

FOB: ☐

SHIP TO

Name: Corelogistics
Address: 1039 Northpoint Pkwy
City/State/Zip: Acworth, GA 30102-3134
Phone: 6784535900218

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO

Name:
Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Bill of Lading Number: 0000000010481417



CARRIER NAME: Bridge Logis

Tractor Number
Seal Number(s):
Load#:

SCAC: BRLO
Pro Number: 1045623400



Freight Term: PREPAID

☐ Master Bill of Lading: with attached underlying Bills of Lading

DRIVER COPY

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Weight	PALLET SLIP	ADDITIONAL SHIPPER INFO
10456234-00	5	8818.78	N	PO# 99185
GRAND TOTAL	5	8818.78		

CARRIER INFORMATION

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION (For NMFC Carriers-See Section 2e of NMFC Item 360)	NMFC	Class
QTY	TYPE	QTY	TYPE					
5	SKIDS	5	PCS	8818.78		Pads, Padding, Cushions or Pillows	149265 sub 5	125
5		5		8818.78		GRAND TOTAL		
The rate is dependent on value, shippers are required to state specifically in the agreed or declared value of the property.								
GDP Amount								

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 agree or declared value of the property is specially stated by the shipper to be not exceeding _____ per _____"

COD Amount: \$

Fee Terms: ☐ Prepaid
☐ Customer check acceptable

☐ Collect

NOTES: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).

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

Shipper Signature

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 the applicable regulations of the DOT.

Trailer Loaded:

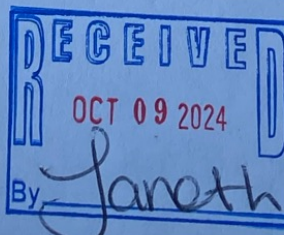
☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets said to contain
☐ 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. Property described above is received in good order, except as noted.



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BILL OF LADING		Page 1 OF 2
Date: 10/8/2024		Bill of Lading Number: 0000000010481424
SHIP FROM		 0 0 0 0 0 0 0 0 0 0 1 0 4 8 1 4 2 4
Name: Shorr Packaging Address: 4000 Ferry Road		
City/State/Zip: Aurora, IL 60502-9540 UNITED STATES Phone: 6309781000		
SHIP TO		CARRIER NAME: Bridge Logis
Name: Shorr Pkg Corp - College Park Address: 3511 Naturally Fresh Blvd		Tractor Number: Seal Number(s):
City/State/Zip: College Park, GA 30349-2914 UNITED STATES		Load#: SCAC: BRLO Pro Number: 5438500
Phone: THIRD PARTY FREIGHT CHARGES BILL TO		 5 4 3 8 5 0 0
Name: Address:		Freight Term: PREPAID
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS:		DRIVER COPY

SHORR PACKAGING CORP.

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	Weight	PALLET SLIP		
54473-01	30	1569.00	N		
54473-00		13766.42	N		
54385-00		1920.23	N		
GRAND TOTAL	30	17255.65			

RECEIVED
OCT 09 2024
BY [Signature]

CARRIER INFORMATION					NMFC	Class
HANDLING UNIT	PACKAGE	WEIGHT	H.M.	COMMODITY DESCRIPTION		
QTY	TYPE	QTY	TYPE	(For NMFC Carriers-See Section 2e of NMFC Item 360)		
30		30		SEE ATTACHED SUPPLEMENT PAGE		
		17256		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 agree or declared value of the property is specially stated by the shipper to be not exceeding per					COD Amount: \$	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER 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 the applicable regulations of the DOT.					SHIPPER SIGNATURE	
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver					Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. Property described above is received in good order, except as noted.						