



INVOICE

BILL TO:

PARAMOUNT TRANSPORTATION LOGISTICS
SERVICES LLC
16520S TAMiami TRAIL SUITE 180
FT. MYERS, FL 33908

INVOICE DATE: 11/21/2024**INVOICE #:** B66013**TERMS:** NET 30**DUE DATE:** 12/21/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/18/2024		4245 Evans Ave, Fort Myers, FL 33901, USA - 5551 E N Belt Rd, Las Vegas, NV 89115, USA			
		Freight Income	1	\$3,200.00	\$3,200.00

TOTAL

\$3,200.00

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**

Paramount Transportation Logistics Svcs
315 NE 14th Street
Ocala, FL 34470-4112
800-510-9304 239-267-1910

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Load Confirmation

1980534

Carrier: RIKI TRANSPORTATION INC
BURBANK IL 60525
Date: 11/13/2024

Contact: SHAWN
Phone: 708-852-5536
Fax:

Order **Order:** 1980534
Miles: 2730.0
Temp:
BOL:

Commodity: Medical Supplies
Weight: 35000.0 LB
Trailer: 53' Van (DAT)
Reference:

Customs Broker Info:

PU 1 **Name:** Merits Health Products Inc
Address: 4245 Evans Ave

Date: 11/18/2024 0800
11/18/2024 1500

FORT MYERS FL 33901

Driver Load: No driver loading or unload

SO 2 **Name:** Merits Health Vegas
Address: 5551 North Belt Rd
#150-180
LAS VEGAS NV 89115

Date: 11/22/2024 0900
11/22/2024 1300

Driver Load: No driver loading or unload

Payment **Carrier Freight Pay:** \$3,200.00
Total Carrier Pay: \$3,200.00

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

Merits Health Products Inc - MERCFL: Trucker Tools required for \$200.00 if you dont track it will be deducted - late fees \$200.00 Fort Myers FL loads and Las Vegas loads - Seal must be removed by recevier Fine of \$50.00 if removed.

This load confirmation is subject to the terms and conditions of the Broker/Carrier Agreement (Agreement) previously executed between our companies and this constitutes as an addendum to the terms of that agreement. We agree to pay the rates and charges shown above and no different tariff rate or schedule of rates apply.

This document is prohibited from use as a Bill of Lading or Proof of Delivery. This Rate Confirmation is confidential and for the sole use of you, The Carrier, and Paramount Transportation Logistics Services, LLC. It is not to be disseminated to any other party.

- * Your signature constitutes a contractual agreement between your company and Paramount Transportation Logistics Services, LLC. (PTLS). We understand that this agreement has been approved by a person authorized to do so. If any information is incorrect, please contact us by email or telephone before executing the above agreement.
- * **This load is subject to electronic tracking by utilizing Trucker Tools application. Failure to utilize Trucker Tools will result in \$100.00 deduction from this rate confirmation. No detention will be paid unless on tracking and tracking must be maintained for the duration of the trip.**
- * Approval of payment of detention is contingent upon the following eligibility requirements: Carrier must give 1-hour notice of detention starting, proof of arrival time noted on BOL and must utilize Trucker Tools tracking for the entire trip.
- * Shipments are exclusive use unless otherwise noted.
- * **This load shall not be double brokered. Double brokering will result in forfeiture of payment by PTLS as well as deactivation as an approved Carrier for future loads.**
- * This rate includes all stop-off charges, fuel surcharges, loading, unloading, etc. This rate cannot be changed, modified, or supplemented by reference to any other rates, rules, classification, schedule, or tariff. Carrier shall be liable for full loss resulting from loss, damage, injury, or delay. Full loss is the invoice price of freight tendered to the Carrier for transport. All loading and unloading, detention or other accessorial fees must be PRE-APPROVED IN WRITING by an authorized PTLS associate.
- * Driver assist charges must be approved by PTLS prior to driver assisting.
- * Driver is responsible for checking and counting the freight at pickup unless SLC notation on Bill of Lading (BOL) is obtained. Driver must report any overages, shortages, or damaged product immediately and have noted on signed BOL.
- * For sealed loads, seal numbers and seal, intact notation must appear on BOL.
- * Reefers must be pre-chilled to temperature in load requirements.
- * All trailers must be less than 10 years old and free of all debris of any kind or will be turned away and refused loading. Reasons to reject trailer at loading include, but are not limited to the following: foul odor, broken glass, metal shavings, infestation and mold.
- * **All Lumper receipts must be received within 24 hours or payment may be denied.**

The signed BOL and a complete set of documents including load # must be received in 48 hours.

- * A complete set of documents includes, but is not limited to; carrier invoice, BOL (signed by shipper, carrier and consignee), signed Rate Confirmation, and any other necessary billing documents.

Carrier documents can be uploaded to our carrier portal at: <https://rlglobal.com/carrier-tools>

Carrier documents can be emailed to: carrierinvdocs@goptls.com

Carrier inquires should be directed to: payables@goptls.com

By signing this document, the carrier and/or its driver(s) (Carrier or You or Your) agree that they may legally receive SMS and/or electronic messages (Message(s)) originating from PTLS or its contracted entity. Responding to or reading any Message while driving a truck or motor vehicle can cause serious injury, death or property damage to You or others. You agree that You will not read or reply to a message unless Your vehicle is stationary and parked. Carrier and any employee and/or agent of Carrier assume all responsibility for abiding by these instructions and agree that they will comply with all applicable federal, state and local laws including, but not limited to; receiving, reading and/or sending Messages, phone calls and/or any other information to or from PTLS. Carrier agrees to release, indemnify, defend and hold PTLS harmless to the fullest extent permitted by law for any and all claims of any nature arising out of or relating to the Messages, the hauling of this load, any violation of the terms of the broker-carrier agreement or this rate confirmation. The safe, legal and proper operation of the Carrier supersedes any request, demand, preference, instruction or information provided by PTLS or its customers with respect to any shipment. If any employee of PTLS or its customer requests, demands, or instructs Carrier to take any action that violates any laws, Carrier shall refuse to transport a load and immediately contact PTLS before taking any further action. Carrier agrees that when it chooses to transport a load it does so on its own volition, exercising its own discretion and decision-making without coercion or undue influence by any individual or entity.

Signature:

Shawn P

Driver Name: .

Driver Cell: .

(X) Accept

Tractor #: .

() Decline

Trailer #: .

STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE



P.O. Box 271
Wilmington, OH 45177-0271
800.543.5569
www.rlgc.com



975 Cobb Place Blvd., Suite 101
Kennesaw, GA 30144
866.314.7750
www.rlglobal.com



7290 College Parkway, Suite 200
Fort Myers, FL 33907
877.510.9133
www.rltruckload.com

PLEASE PLACE
PRO LABEL HERE

DATE 11/13/2024		CONSIGNEE PHONE 562-203-6403		SHIPPER'S PHONE 2397720579				
TO: (PLEASE PRINT) CONSIGNEE Merits Health Vegas			FROM: (PLEASE PRINT) SHIPPER Merits Health Products Inc					
ADDRESS 5551 North Belt Rd, #150-180			ADDRESS 4245 Evans Ave					
CITY LAS VEGAS	STATE/COUNTRY NV	ZIP CODE 89115	CITY FORT MYERS	STATE FL	ZIP CODE 33901			
HAZ-MAT EMERGENCY CONTACT NUMBER		CONTRACT NUMBER		OFFERER'S NAME/CONTRACT HOLDER'S NAME				
BILL TO: (PLEASE PRINT) THIRD PARTY PARAMOUNT / R+L TRUCKLOAD			Customer Code: MERCFL					
ADDRESS 16520 S TAMiami TRAIL			Special Requirements:					
CITY FORT MYERS	STATE FL	ZIP CODE 33908						
SHIPPER'S NO. 1980534								
PURCHASE ORDER NO. 								
QUOTE NO. 1980534								
ADDITIONAL SERVICES		<input type="checkbox"/> LIFTGATE <input type="checkbox"/> INSIDE PICK UP <input type="checkbox"/> INSIDE DELIVERY <input type="checkbox"/> FREEZE PROTECTION <input type="checkbox"/> RESIDENTIAL/Limited Access <input type="checkbox"/> DELIVERY NOTIFICATION (These services may require additional charges)						
R+L GUARANTEED SERVICE OPTIONS		<input type="checkbox"/> R+L GUARANTEED: Delivers by 5 pm on service date <input type="checkbox"/> R+L GUARANTEED WINDOW: Delivers within a window (minimum 1 hr) during business hours (9 am - 5 pm) on service date. Deliver between the hours of _____ and _____. <input type="checkbox"/> R+L GUARANTEED AM: Delivers by Noon on service date. (Additional charges apply)						
SPECIAL INSTRUCTIONS:								
Prepaid (shipper is responsible) Collect (consignee is responsible) FREIGHT CHARGES ARE PREPAID								
BULK	NO. SHIPPING UNITS	PKG. TYPE	HM*	DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS	NMFC ITEM NO	SUB	CLASS	WEIGHT (LB) SUBJ. TO CORR
	22	Pallet		Medical Supply				92.9
				Soal # UL-5196291				
Note 1 - 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: \$ _____ per _____. Note 2 - Liability limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B). Note 3 - Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360. Subject to Section 7 of the conditions, 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 charges. (Signature of Consignor) <i>[Signature]</i> 11-21-24								
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; the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked consigned, and destined as indicated above 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, 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 Bill of Lading set forth in the National Motor Freight Classification 100-X and successive issues. Further, carrier shall not be liable for damage to unprotected or uncrated freight or shipments.								
Shipper hereby certifies that he is familiar with all of the terms and conditions in the said bill of lading including those on the back thereof and the said terms and conditions are hereby agreed to by shipper and accepted for himself and his assigns. The shipper also certifies 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.								
SHIPPER <i>Merits Health</i>				CARRIER <i>[Signature]</i>		1		
PER				PER teresa.carlson@rlglobal.com				

* Mark with an "X" to designate Hazardous Material as defined in Title 49 of the Code of Federal Regulations and insert Shipper's Haz-Mat Emergency Phone No.