

# INVOICE

BILL TO: CORPORATE TRAFFIC INC 6500 BOWDEN ROAD SUITE 202 JACKSONVILLE, FL 32216

#### INVOICE DATE: 05/30/2025 INVOICE #: B93280 TERMS: NET 30 DUE DATE: 06/30/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
05/29/2025		837 Liberty Way, Chester, VA 23834, US - 5300 Airways Blvd, Memphis, TN 38116, US			
		Freight Income	1	\$1,400.00	\$1,400.00

TOTAL	
\$1,400.00	

#### 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



### LOAD CONFIRMATION

The driver must call 904-224-7292 for dispatch.

#### Load #11569352

### Carrier

BRZ DOT3119062 MC# 86875 EDITH@RTBRZ.COM 708-303-5150

### Driver

### Truck

Number: Trailer Number:

### Shipment

4,377 lbs (2.2 tons) 133 Pieces 11 Pallets Trip Number: 884646 Pickup Appt Number: 11569352 Delivery Appt Number: 11569352

#### Commodity MED DEVICE

### Required Equipment 53' DRY VAN

## Shippers

1

MERIT MEDICAL 837 LIBERTY WAY CHESTER, VA 23834 US

#### Arrive by:

*Earliest* - 05/29/25 08:00 AM *Latest* - 05/29/25 04:00 PM

### Receivers

MEDTRONIC 5300 AIRWAYS BLVD MEMPHIS, TN 38116 US

#### Arrive by:

*Earliest* - 05/30/25 08:00 AM *Latest* - 05/30/25 05:00 PM

### Notes

\*\*DRIVER MUST PROVIDE PICTURES OF SEAL/BOL/FREIGHT AFTER BEING LOADED\*\*

\*\*DRIVER MUST TEXT PICTURE OF DOT YOU WILL NOT BE LOADED WITHOUT THIS\*\*

\*\*\*53' DRY VAN W/ SWING DOORS REQUIRED FOR LOADING\*\*\*\*

\*TRACKING MUST BE SET UP OR NO ACCESSORIALS WILL APPLY\*\*

\*\*\*TRUCKER TOOLS TRACKING REQUIRED, IF NOT KEPT ON FOR THE DURATION OF THE TRIP, THERE IS A \$100 FINE\*\*\*

\*\*\*PRODUCTION SHIPMENT, MUST DELIVER AS SCHEDULED OR LATE CHARGES WILL APPLY FOR DOWNTIME IN PRODUCTION \$200 FEE PER DELIVERY MISSED\*\*\*\*

\*\*\*FOOD GRADE TRAILER REQUIRED\*\*\*\*\*

\*\*\*TRAILER MUST BE CLEAN, DRY, ODOR FREE\*\*\*\*

\*\*\*SEAL MUST BE INTACT, IF FOR ANY REASON THE SEAL IS NOT INTACT UPON ARRIVING AT DELIVERY IT WILL BE REJECTED AND WILL RESULT IN A CLAIM\*\*\*\*

\*\*\*EMERGENCY # 904-327-4370

## **Terms and Conditions**

**Agreed Rates and Charges:** Pursuant to Paragraph (III) titled "Rates and Charges" of the existing contract between the parties this rate confirmation shall be a modification of and addendum to said contract. Parties hereby mutually agree to the charges stated below and applying only to the shipment identified below. This rate confirmation includes all accessorial charges and surcharges. Including but not limited to stop-offs, unloading, or fuel surcharges.

**Exclusive Use of Trailer:** Shipment is booked as 'Exclusive Use'. Putting additional Freight with this shipment is prohibited. If carrier violates this condition it is agreed that, at Corporate Traffics sole discretion, carriers settlement may be offset/reduced.

**OS&D / Unloading Fees:** All OS&D / Unloading must be approved by Corporate Traffic at time of occurrence. BOLs must be marked 'Driver Unload' and a receipt must accompany original invoice. We will not honor or pay unloading fees that do not accompany the original invoice. Failure to notify Corporate Traffic regarding OS&D will result in carrier being held 100% responsible. Carrier authorizes Corporate Traffic to deduct any claims from agreed rates/settlement.

**No Double Brokering:** Carriers must use own equipment. Violation of this will result in payment being made directly to the actual carrier performing the work with this agreement being voided and a \$2,000 penalty fee assessed against the violating carrier.

Hours of Service: The carrier acknowledges that driver has the available hours of service to make pickup and delivery as scheduled and will not require the Carrier to violate hours of service regulations as established by the FMCSA.

**FSMA Transporting Guidelines:** Carrier agrees and will ensure that shipments are being transported, pursuant to this Agreement, under conditions that are in compliance with the written food safety related instructions or requirements set forth in the Shipping Document, including any seal, temperature, quality control standards and delivery date requirements, will be considered "adulterated" within the meaning of the Food Drug & Cosmetic Act (21 U.S.C. §§ 342(a)(i)(4), 342(i)). Carrier understand that adulterated shipments may be refused by the Shipper, consignee or receiver upon their tender for delivery at destination, with or without inspection. Carrier will assume Full liability and Full Loss for loss or damage to cargo resulting from the breach of any of the foregoing requirements specified in this Section.

**Reimbursement:** Carrier agrees that any documentation that has been requested by Broker for reimbursement to Carrier must be received by Broker within 48 hours of delivery, or Carrier waives their right to reimbursement.

Additional: If cargo is damaged, rejected, delayed and/or refused and there are return freight charges they shall be null and void if after inspection the fault stems from the carriers negligence.

**Required Documents:** All BOL/POD's and accessorial receipts are required to be submitted 24-48 hours after delivery to:

carrierinvoices@corporatetraffic.com

Load Questions/Issues: jax1@corporatetraffic.com

Billing Questions: carrierinquiries@corporatetraffic.com

## Rates & Instructions for Payment

Charge	Quantity	Rate	Subtotal
Base Amount	1	\$1,400.00	\$1,400.00
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We require legible	e copies of paperwo	ork to process you	r pavment.

We require legible copies of paperwork to process your payment. Please reference bill **#11569352** and *include this form with your invoice*. Email All Invoices & POD's to: carrierinvoices@corporatetraffic.com

# 🖶 TriumphPay

All carrier payments are now being processed through <u>triumphpay.com</u>. Please register online in order to receive payments.

- 1. Visit secure.triumphpay.com
- 2. Register your company
- 3. Connect with "Corporate Traffic"
- 4. Add your payment information.
- 5. Control your money!

## Signature and Return Information

Rates, terms, and conditions, signed and accepted by:

BRZ

Steve Tatum

Load # 11569352

Signed By: Steve Tatum

Signed on: 29/05/25 12:01 PM CT

Note: We only accept <u>one (1)</u> invoice for each load and will not accept rebills, so everything must be included on the intial invoice.

### If you have questions regarding your order, please contact us:

**Dispatcher Email:** josh.franks@corporatetraffic.com **Team Email:** jax1@corporatetraffic.com **Team Phone:** 904-224-7292

orporate Traffic, Inc.	BOOKING NUMBER		REQUESTED SHIPPING DAT		DECLARED VALUE
reight Broker 500 Bowden Road uite 202 acksonville, FL 32216			5/29/2025	5/30/2025	MAXIMUM LIABILITY \$2.00 PER LB UNLESS DECLARED VALUATION STATES OTHERWISE.
HONE: 904-727-0051			PICKUP TRAVEL TIME PICKUP TIME		
HIPPER (NAME AND ADDRESS)				DELIVERY DESTINATION	
MERIT MEDICAL 837 LIBERTY WAY CHESTER VA 23834	FREIGHT CHARGE 3RD PARTY SERVICE REQUIRED STANDARD		DELIVERY TIME TRAVEL TIME FROM DELIVERY TOTAL TIME		
Tel: Fax:					
CONSIGNEE (NAME AND ADDRESS)	INSTRUCTIONS:		TIME (FROM ABO	OVE)	
MEDTRONIC 5300 AIRWAYS BLVD MEMPHIS TN 38116 Tel: 9012191890 Fax:	<ol> <li>EXAMINE ALL MACHINES TO MAKE SURE THEY HAVE BEEN PROPERLY SERVICED.</li> <li>TAG AND LIST EACH ITEM SEPARATELY.</li> <li>RECORD MACHINE TYPE AND SERIAL NO.</li> <li>WHENEVER POSSIBLE.</li> <li>NOTE ALL DAMAGES ON THE LISTING USING THE APPROPRIATE LOCATION AND CONDITION CODE.</li> <li>POINT OUT EXCEPTIONS TO THE CUSTOMER.</li> <li>MAKE SURE THE SHIPPER PRINTS NAME, AND SIGNATURE IS OBTAINED.</li> <li>ANY MARKINGS ON CARTONS MUST BE INCLUDED IN SERIAL NUMBER SECTION.</li> <li>ADJACENT TO MACHINE TYPE, INDICATE N-NEW</li> </ol>		TOTAL REGULAR OVERTIME CALL EXTRA TEAM OVERTIME		
BILL TO (NAME AND ADDRESS)					
CORPORATE TRAFFIC 6500 BOWDEN RD SUITE 202					
JACKSONVILLE, FL 32216	OR U-USED.		TOTAL OVERTIN	ME	
HUMDER	ODS AND SPECIAL MARKINGS	which we are a set of the set of	VEIGHT TO CORRECTION	CONDITION CODE	CONDITION AT ORIGIN
IST PIECES MEDICAL DEVICES Bill of Lading: 11569352 Soq UL-	12	4,37	7.00 LB	PLEASE PRINT DO NOT WRITE THESE SYMBOLS DO NOT USE OTHERS F FRONT B BACK S SIDE T TOP BT BOTTOM C CORNER CT CASTER GL GLIDER GS GLASS SW SWITCH P PANEL FR FRAME CTN CARTON CR CRATE 1 SCRATCHED 2 BROKEN 3 CHIPPED	

upp	TRI-1094931 1033200 30 May 2005	AAAOO		5       GOUGED         6       LOOSE         7       MARKED         8       OWNER'S RISK         9       OWNER PACKED         10       RUBBED         11       STAINED         12       BENT         13       CRUSHED         14       CRACKED         15       SPLIT         16       PUNCTURED         17       ITEM MISSING
133	<< TOTAL PIECES	TOTAL WEIGHT >>	4,377.00	ALL CHARGES WILL BE BILLED COLLECT UNLESS MARKED PREPAID.

