

**Bill to:**

Trident Transport, LLC
1428 Williams Street ,
Chattanooga,
TN,
37408

Invoice Date: 11/21/2023

Invoice #: 0598173

Terms: NET 30

Due Date: 12/21/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
11/20/2023		1966 NC-56, Louisburg, NC, USA - 188 Treat Avenue, Coldwater, MI, USA			
			1	\$1,300.00	\$1,300.00

TOTAL
\$1,300.00

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



Rate Confirmation Agreement for Trident Transport, LLC

- No Double Brokering allowed. Please send Invoices to accounting@tridenttransport.com
- No additional charges will be paid without prior approval.
- Accessorials must be reported at the time of shipment prior to departure.
- We require exclusive use of the trailer.
- NO CO-MINGLING ALLOWED unless otherwise specified on the rate confirmation.
- BY SIGNING THIS DOCUMENT, YOU ARE AGREEING TO OUR TERMS.

**Trident Transport, LLC
505 Riverfront Parkway
Chattanooga, TN 37402
(423) 805-3705**



Trident Transport, LLC
505 Riverfront Pkwy
Chattanooga, TN 37402
423-805-3705 423-805-3701



TRIDENT

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Load Confirmation

0598173

Carrier: ROYAL3 INC
CHICAGO IL 60638
Date: 11/20/2023

Contact: Al
Phone: 630-566-2080
Fax:

Order
Order: 0598173
Miles: 685.0
Temp:
Cases/pieces:
BOL: PO# 232447

Commodity: scrap foam
Weight: 25000.0
Trailer: Van (DAT)
Reference: PO# 232447
Order Type: VAN

PU 1 **Name:** Palziv
Address: 7966 NC 56 Hwy

LOUISBURG NC 27549
Phone:

Date: 11/20/2023 1100
11/20/2023 1100
Contact:
Driver Load: No driver loading or unload

SO 2 **Name:** Schmitz Foam Products
Address: 188 Treat Ave

COLDWATER MI 49036
Phone: 517-781-6620

Date: 11/21/2023 1000
11/21/2023 1000
Contact: Nicole Dadow
Driver Load: No driver loading or unload

Payment
Carrier Freight Pay: \$1,300.00
Total Carrier Pay: \$1,300.00

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

Palziv - MUST ARRIVER AT PICK UP @1100

NO TRUCKS WILL BE LOADED AFTER @1100

LOAD TRACKING IS REQUIRED

Schmitz Foam Products - 53 ft' dry van only no reefers

Driver/Dispatch must contact broker Joshlyn @ 423.290.9959 with any issues? immediately ** **Trucker Tools LoadTrack required to haul this shipment and to qualify for accessorials **Driver? must contact the site contact once loaded AND before arrival. **All accessorials must be reported at the time they are occurring for approval **Detention is \$25/hour after 2 hours with proper notification of in and out times. Driver or dispatch must notify broker Joshlyn PRIOR to the 2 hour mark in order to have detention costs approved.** **Any costs incurred due to delays or issues caused by the carrier will be reflected as chargebacks upon request of the customer ** late delivery may result in rate reduction **In the event driver is late to pickup/delivery, they will forfeit claim to detention. ** **Rate subject to change if terms of this rate con are not met or if the driver/dispatch is not able to utilize trucker tools or provide some form of alternative tracking, such as macropoint, company tracking, or regular phone call/email updates etc.**

Please Sign: *Al Milanovic*

(X) Accept

() Decline

Attention: Joshlyn Taylor
423-347-6195
joshlyn.taylor@tridenttransport.com

Driver Name: Jimmy
Driver Cell: 3059289707
Driver Email:
Tractor #: 713
Trailer #: 155127
Tractor VIN: 1FUJHHDR9MLMP3395





BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

11/20/2023

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SHIP FROM Palziv 7966 NC 56 HWY Louisburg NC 27549		Bill of Lading Number: 232446 PO# 232447
SHIP TO Schmitz Foam LLC 188 Treat Ave Coldwater MI 49036		
THIRD PARTY FREIGHT CHARGES BILL TO		Carrier Name: Trailer number: Serial number(s):
Special Instructions: Delivery Appointment: 11/21 0700		SCAC: _____ Freight Charge Terms (Freight charges are prepaid unless marked otherwise): <input checked="" type="radio"/> Prepaid <input type="radio"/> Collect <input type="radio"/> 3rd Party

CUSTOMER ORDER INFORMATION				
Customer Order No.	# of Packages	Weight	Pallet/Slip	Additional Shipper Information
Foam		10,000lbs	<input checked="" type="radio"/> Yes <input type="radio"/> No	
PO# 232446 PO# 232447			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
Grand Total				

CARRIER INFORMATION								
Handling Unit		Package				LTL Only		
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description	NMFC No.	Class
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 Section 2(e) of NMFC Item 360								
1	Bulk			10,000lbs				

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 USC § 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.		Consignee/Receiver Signature/Date We hereby acknowledge receipt of this shipment in full. Receiving Company: PO# 232447 11/21/23 Receiving Signature: Nicol Dadow	
Shipper Signature/Date 11.20.23	Trailer Loaded: <input checked="" type="radio"/> By shipper <input type="radio"/> By driver	Freight Counted: <input checked="" type="radio"/> By shipper <input type="radio"/> By driver/pallets sold to contain <input type="radio"/> By driver/pieces	Carrier Signature/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.

BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

11/20/2023

Page 1 of 1



SHIP FROM		Bill of Lading Number: 232446
Palziv 7966 NC 56 HWY Louisburg NC 27549		
SHIP TO		Carrier Name:
Schmitz Foam LLC 188 Treat Ave Coldwater MI 49036		Trailer number:
THIRD PARTY FREIGHT CHARGES BILL TO		Serial number(s):
		SCAC: _____
Special Instructions: Delivery Appointment: 11/21 0700		Freight Charge Terms (Freight charges are prepaid unless marked otherwise): <input checked="" type="radio"/> Prepaid <input type="radio"/> Collect <input type="radio"/> 3rd Party

CUSTOMER ORDER INFORMATION

Customer Order No.	# of Packages	Weight	Pallet/Slip	Additional Shipper Information
Foam		10,000lbs	<input checked="" type="radio"/> Yes <input type="radio"/> No	
PO# 232446			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
Grand Total				

CARRIER INFORMATION

CARRIER INFORMATION											
Handling Unit		Package								LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description <small>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 Section 2(e) of NMFC Item 360</small>				NMFC No.	Class
1	Bulk			10,000lbs							

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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.

Consignee/Receiver Signature/Date
We hereby acknowledge receipt of this shipment in full.

Receiving Company: _____

Receiving Signature: _____

Shipper Signature/Date

[Signature]
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.

11.20.23

Trailer Loaded:

☒ By shipper

☐ By driver

Freight Counted:

☒ By shipper

☐ By driver/pallets said to contain

☐ By driver/pieces

Carrier Signature/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.