



Bill to:
TRANSPORTATION ONE, LLC
747 LA SALLE,
Chicago,
IL,
60290

Invoice Date: 01/13/2024
Invoice #: 443317
Terms: NET 30
Due Date: 02/13/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/12/2024		3577 South School Avenue, Fayetteville, AR, USA - 1319 West 130th Street, Hinckley, OH, USA			
			1	\$1,850.00	\$1,850.00

TOTAL
\$1,850.00

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



Carrier Rate Confirmation

Order Number(s)	
443317	
Equipment	Miles
53V	850

BY PICKING UP THIS SHIPMENT, THE CARRIER AGREES TO BE BOUND BY ALL REQUIREMENTS, SPECIFICATIONS, AND TERMS AND CONDITIONS LISTED IN THIS RATE CONFIRMATION AND THE BILL OF LADING.

24/7 Track & Trace Support | tracing@transportationone.com | 312-429-6670 opt 1

Booked With MAGDALENA MARKOTIC

Phone (312)429-6643

Email mmarkotic@transportationone.com

Carrier ROYAL3 INC

Attn Andy

Phone (630)485-7370

****MACROPOINT TRACKING IS REQUIRED FOR ALL LOADS!****

Pick up	Earliest 01/12/24 13:00	Latest 01/12/24 13:00	Hours	CONFIRMED
HANNA'S CANDLE CO 3577 S. SCHOOL ST FAYETTEVILLE, AR 72701	PICK# 249945 PRO# CM30182791 PO# HIN-249945		NOTES: MUST HAVE FRESH HOURS	
<u>Pieces</u>	<u>Piece Type</u>	<u>Weight</u>	<u>Description</u>	
5	PALLETS	8,000	3 WICK CANDLES	
Delivery	Earliest 01/14/24 03:00	Latest 01/14/24 03:00	Hours	CONFIRMED
ALDI - HINCKLEY 1319 W 130TH ST HINCKLEY, OH 44233	PRO# CM30182791 PO# HIN-249945		NOTES: MUST HAVE FRESH HOURS	
Facility Notes				
EARLY MORNING RECEIVER BY APPOINTMENT. BEING LATE COULD RESULT IN AN UNPAID LAYOVER TO DELIVER AT FIRST AVAILABLE APPOINTMENT. DRIVER UNLOAD FACILITY. DRIVER may also choose to hire lumpers service.				
LUMPER charge discrepancies will only be reimbursed with a copy of a receipt from the service. Restacks will only be reimbursed if the BOL clearly states SHIPPER LOAD AND COUNT with pictures documenting the shift				
ANY RESTACKS THAT DOES NOT HAVE DOCUMENTATION AND PICTURES TO DISPUTE WILL NOT BE REIMBURSED.				

CUSTOMER REQUIREMENTS & SPECIFICATIONS

****CARRIER/DRIVER IS SOLELY RESPONSIBLE FOR PROPER COUNT, CONDITION, LOADING and SECUREMENT**** Due to NO SEAL POLICY (by the customer), the driver is allowed to break the seal (if sealed) to open the trailer to check the proper count & that the load is secured. SHIPPER LOAD & COUNT ("SLC") must be noted by the Shipper on the BOL. USE LOAD LOCKS AND STRAPS WHENEVER POSSIBLE TO SECURE FREIGHT! Confirm all PO#s and pallets loaded match this rate con. If there is a discrepancy, Carrier/Driver must notify Transportation One or be liable for missing product

****NOTIFY T1 30 MINS PRIOR TO START OF DETENTION. DETENTION BEGINS 3 HOURS AFTER APPOINTMENT****(shipper and receiver): If detention occurs, the Driver is responsible for ensuring the IN & OUT times are clearly written BY THE FACILITY on the BOL/POD. Detention requests, with POD and In/Out times, must be sent to T1 within 48 hours of delivery, or will be denied. If the facility refuses to sign the times, notify T1 immediately. FCFS facilities do not pay detention

LUMPER/ACCESSORALS: Receipts must be sent to T1 within 48 hours of delivery, or reimbursement will be denied. PICTURES MUST BE PROVIDED FOR ANY ADDITIONAL CHARGES IN ORDER FOR REIMBURSEMENT.

RE-STACK/ADDITIONAL LUMPER CHARGE: Pictures (BEFORE AND AFTER) are required for reimbursement. The driver will be informed by the lumper service/receiver to come to the dock to inspect & take pictures. The Driver may request to personally unload and re-stack the product to avoid the additional lumper charges. T1 will not reimburse re-stacks due to shifted product in transit if "SLC" was NOT clearly noted.

Due to NO SEAL POLICY (by the customer), the driver is allowed to break the seal (if sealed) to open the trailer to check the

proper count & that the load is secured.

CARRIER IS RESPONSIBLE FOR ALL SANITARY CONDITIONS DURING TRANSPORT including provision of proper equipment, and temperature requirements for pre-cool, loading, and in-transit

Rate Detail

Please refer to the Order Number on your invoice: **443317**

Quoted Amount	1,850.00
Total:	\$1,850.00

ACCESSORIAL REQUESTS AND ALL PAPERWORK, INCLUDING PODs AND RECEIPTS, MUST BE SUBMITTED TO THE PERSON YOU BOOKED THIS LOAD WITH WITHIN 48 HOURS OF DELIVERY UNLESS OTHERWISE INDICATED IN THE CUSTOMER REQUIREMENTS & SPECIFICATIONS SECTION ABOVE

****MACROPOINT TRACKING IS REQUIRED FOR ALL LOADS**!** If tracking is accepted and maintained throughout transit, verified detention will be automatically approved. Free time is 2 hours per facility, unless superseded by the Customer Requirements & Specifications notes above. IF TRACKING IS NOT ACCEPTED, EXPECT SIGNIFICANT DELAYS FOR DETENTION APPROVAL

ACCESSORIALS

Driver Tailgate: \$35 | Driver Load/Unload: \$100 | Stop-Off: \$50 | Detention: \$50 per hour after 2 free hours, subject to Layover maximum.
Truck Order Not Used: \$150 | Driver Layover (Dry): \$175 | Driver Layover (Temp Controlled): \$250 | Trailer Storage (No Power): \$30 per day
Lumper Fee: Reimbursed in full with valid receipt. Notification in real time required unless otherwise noted on this Carrier Rate Confirmation.

COMCHEK SERVICE FEE Comcheks issued by Broker for accessorials (lumper, pallet exchange, etc) or quickpay incur Comdata's automatic fee of \$5 per \$500-tier issued. This fee will be applied to the carrier invoice regardless if the Comchek is used or cancelled, and regardless if a replacement Comchek is issued. **Comdata's fee is applied to every single Comchek issued. Use caution when requesting duplicate or replacement Comcheks.**

EMAIL COMPLETE INVOICES to ap@transportationone.com. Re-bills will not be accepted. (fax# 312-284-4946)

Must include invoice with correct remittance address, bill of lading, signed proof of delivery, signed rate confirmation, and all lumper/accessorial receipts. For Quick Pay, email complete invoices to quickpay@transportationone.com and indicate preference for Same-Day Comchek (3% fee, must be submitted before 3pm) or 7-Day Physical Check (2% fee). Fees are calculated off the total invoice amount.

Please Reference: Order # **443317**

This Rate Confirmation, the Carrier Terms and Conditions and Exhibit A: Accessorial Schedule maintained by Transportation One LLC as revised from time to time, available at <http://www.transportationone.com/carrier-terms-conditions> govern the rate and conditions for the movement of the above referenced freight (the 'Order') and are hereby incorporated by reference and become a part of your Transportation One LLC Carrier-Broker Contract. Carrier, as indicated above, agrees that said mutually agreed rates are reasonable and compensatory, the Order would not have been tendered to Carrier at higher rates, and the Order will not subsequently be subject to a later claim of under charges. Acceptance of the Order into Carrier's care, custody, or control is deemed Carrier's acceptance of all terms, conditions, requirements, and specifications of the Order. Failure of Carrier to sign and return this Rate Confirmation does not release Carrier from its obligations with respect to the Order. The terms and conditions in effect on the pick up date apply to and govern all services rendered with respect to the Order.

Signature: Donna Kolaric

By typing your name/signature/initials on this document, you agree that you are signing it electronically (hereafter referred to as 'E-Signature'). You agree that your E-Signature is the legal equivalent of your handwritten signature on this document and constitutes acceptance of and agreement to this document's terms and conditions as if actually signed by you with pen-and-paper. You also represent that you are authorized to enter into this agreement on behalf of yourself, your employer, agent, principal, servant, attorney, insurers, and/or reinsurers, and they and you collectively will be bound by the terms of this document.

DATE: 01/12/24

BILL OF LADING

Page: 1

SHIP FROM
Name: HANNA'S CANDLE COMPANY
Address: 3577 S SCHOOL AVE
City/State/Zip: FAYETTEVILLE, AR 72701
SID#:

Bill of Lading Number: 261031

BAR CODE SPACE

FOB: ☒

SHIP TO
Name: ALDI - HINCKLEY
Address: 1319 W. 130TH STREET
Address:
City/State/Zip: HINCKLEY, OH 44233
CID#:

CARRIER NAME: ROYAL 3 INC.
TRAILER NUMBER: H03236
SEAL NUMBER: 44929286
SCAC: TRANSPORTATION ONE
PRO NUMBER:

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

BAR CODE SPACE

SPECIAL INSTRUCTIONS

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

PREPAID ☐ COLLECT ☒ 3RD PARTY ☐

BILL OF LADING

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLETSLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
HIN-249945			Y	N	
39100200 CS PDQ 12PK CORE PROGRAM-700423-21	400	7745			5 PALLETS @ 80 TRAYS
	400	7745			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (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(a) of NMFC item 360.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
5	PALLET	400	CASES	7745		CARTON CANDLES, NOI, 15PCF.	039810-09	70
5		400		7745		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 agreed or declared value of the property is specifically stated by the shipper to be not exceeding

COD Amount: \$
Fee Terms: ☐ lect ☒ Prepaid:
Customs ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 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

HIN

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

Trailer Loaded:

Freight Counted:

☒ By Shipper ☒ By Shipper
☐ By Driver ☐ 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 US DOT emergency response guidebook or equivalent documentation

Buddy E. Jolley 1-12

[Signature]

ECLIPSE ADVANTAGE, LLC
CORPORATE TAX ID# 90-0855928

Receipt #	75
Location:	ALDI OH
BillToCode:	CHECK
Check Number:	32234243
Date:	1/13/2024
Carrier:	royal 3
Vendor:	hanna's
PO #:	hin.249945.oh 011324gz
Load Type:	08.00
Weight:	30000
# Cases:	1000
Manager:	yates
Cash/Check:	\$40.00
Backhaul:	\$0.00
Addl Chgs:	\$0.00
CC Fee:	\$5.00
Con / Car:	\$0.00
LTL:	\$0.00
Vendor Inv:	\$0.00
Total:	\$45.00

[illegible]