

**Bill to:**

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

Invoice Date: 01/26/2024

Invoice #: 0623017

Terms: NET 30

Due Date: 02/26/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/25/2024		7986 NC 56 Hwy, LOUISBURG, NC 27549 - 188 Treat Ave, COLDWATER, MI 49036			
			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

0623017

Carrier: ROYAL3 INC
CHICAGO IL 60638
Date: 01/25/2024

Contact: RIKI KOVACEVIC
Phone: 630-485-7370
Fax:

Order
Order: 0623017
Miles: 685.0
Temp:
Cases/pieces: 0
BOL:

Commodity: scrap foam
Weight: 20000.0
Trailer: Van (DAT)
Reference:
Order Type: VAN

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

LOUISBURG NC 27549
Phone:

Date: 01/25/2024 1000
01/25/2024 1300
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: 01/26/2024 0600
01/26/2024 0600
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 - 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: *Mike Zivanovic*

(X) Accept

() Decline

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

Driver Name: Akeem
Driver Cell: 786 200 0009
Driver Email:
Tractor #: 711
Trailer #: H03256
Tractor VIN: 1FUJHHDR5MLMP3393



RULES

(To be printed on white paper)

UNIFORM STRAIGHT BILL OF LADING

ORIGINAL—NOT NEGOTIABLE

Carrier's Pro No. truck 2
 Shipper's Bill of Lading No. R#148013122
 Consignee's Reference/P.O. No. _____
 Carrier's Code (SCAC) _____

Name of Carrier Total Quality Logistics

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:

From Sunbelt Rentals PC1930/1629 POC Phil Shulze 682-978-6296 Date 1/23/2024
 Street 802 Henrietta Creek I City Roanoke County _____ State TX Zip 76262

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to MSFT LVL04 Don Lynn 571-651-0323

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name.

Destination Street 864 Herbert Dr City Boydton County _____ State VA Zip 23917

Delivering Carrier _____ Trailer No. _____

Additional Shipment Information _____

Collect on Delivery \$ _____ and remit to: _____ State _____
 Street _____ City _____ State _____
 C.O.D. charge Shipper ☐
 to be paid by Consignee ☐

Handling Units No. Type	Packages No. Type	HM	Kind of Package, Description of Articles, Special Marks and Exceptions (Subject to correction)	Weight (Subject to Correction)	Class or Rate Ref. (For Info. Only)	Cube (Optional)
<u>26</u>	<u>units</u>		<u>500kW Load Banks</u>	<u>20,000 lbs</u>		
<u>27</u>	<u>no</u>		<u>Cage</u>			

Mark "X" to designate Hazardous Materials as defined in DOT Regulations.

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 as follows:

"The agreed or declared value of the property is 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.

Notify if problem en route or at delivery Chase Whitetree
 Name _____ Fax No. _____

720-900-8263 (for informational purposes only)
 Tel. No. _____

Send freight bill to: Bennett International
 Company Name _____ City _____ Street _____ State _____ Zip _____

Shipper Sunbelt Rentals PC1930 Carrier _____
 Per _____ Per _____ Date 1/23/2024

Shipper Certification	Carrier Certification
<p>This is to certify 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 DOT.</p> <p>Per <u>[Signature]</u> Date <u>1/23/24</u></p>	<p>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 document in the vehicle.</p> <p>Per <u>[Signature]</u> Date <u>1/25/24</u> Package Nos. _____</p>

Freight charges are PREPAID unless marked collect.
 CHECK BOX IF COLLECT ☐

FOR FREIGHT COLLECT SHIPMENTS:

If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:

The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)



Driver Copy

BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

01/25/2024

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SHIP FROM		Bill of Lading Number: 2401201
Palziv 7966 NC 56 HWY Louisburg NC 27549		
SHIP TO		Carrier Name:
Schmitz Foam LLC 188 Treat Ave Coldwater MI 49036		Trailer number: 7103256
THIRD PARTY FREIGHT CHARGES BILL TO		Serial number(s): Seal-24506977
		SCAC:
Special Instructions: Delivery Appointment: 1/26 @ 1000		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# 240201			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
Grand Total				

CARRIER INFORMATION								LTL Only
Handling Unit		Package						
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 350</small>	NMFC No.	Class
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: _____ Receiving Signature: <u>Jim Eru</u> 1-26-2024	
Shipper Signature/Date <u>[Signature]</u> 1/25/24 <small>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.</small>	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 <small>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.</small>		