

**Bill to:**

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

Invoice Date: 02/23/2024

Invoice #: 0635349

Terms: NET 30

Due Date: 03/23/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/22/2024		8485 Broadwell Rd, Cincinnati, OH 45244, USA - 2301 Wilco Blvd, Wilson, NC 27893, USA			
			1	\$1,300.00	\$1,300.00

<b>TOTAL</b>
\$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**



 **TRIDENT**  
Trident Transport, LLC  
Chattanooga, TN 37402  
505 Riverfront Pkwy  
Office 423-805-3705

\*\*\* Load Confirmation \*\*\*



TRYI-643917

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Office: 423-380-2579

Cell: 423-463-7891

Invoice # : 0635349

**Carrier:** BRZ  
BURBANK IL 60459  
**Date:** 02/22/2024

**Contact:** Marcus  
**Phone:** 708-303-5150 x103  
**Fax:**

**Order**  
**Order:** 0635349  
**Miles:** 552.0  
**Temp:**  
**Cases/pieces:** 0  
**BOL:** TREASURE HUNT

**Commodity:**  
**Weight:** 30000.0  
**Trailer:** Van (DAT)  
**Reference:**

**PU 1** Name: The Futsal Factory Date: 02/22/2024 0900  
Address: 8485 Broadwell Rd 02/22/2024 1500  
CINCINNATI OH 45244 Contact:  
Phone: Drvr Ld/Unld: No driver loading or unload  
Reference Number: PU TREASURE HUNT

**SO 2** Name: TREGO INNOVATIONS Date: 02/23/2024 0900  
Address: 2301 Wilco blvd S 02/23/2024 1300  
WILSON NC 27893 Contact:  
Phone: Drvr Ld/Unld: No driver loading or unload

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

**Instructions**

• Driver is to be on TRACKING for the ENTIRE duration of this load. Any in transit rate modification, double brokering, load modification, other freight on truck, transload of this shipment, or back solicitation will forfeit the agreed upon rate and contract. Detention starts after 4 hours. Service Failure: Any service failure per the rate confirmation forfeits the agreed upon rate and contract. Late Fees: Failure to make it on time to any specified time VIA RATECON for pickup or delivery will be \$50 an hour deduction from agreed upon rate and a late fee of \$150/ day, for everyday the load is late past the contract stated date & time. PARTIALS ONLY ALLOWED IF RATECON SPECIFIES

**Please send PODs to [accounting@tridenttransport.com](mailto:accounting@tridenttransport.com) immediately upon delivery**

Please reference your order number in the email subject line.



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**Agreement**

**No Double Brokering allowed. Please send Invoices to [accounting@tridenttransport.com](mailto: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.**

**Please sign and fax or email back to      Myers Tucker      [myers.tucker@tridenttransport.com](mailto:myers.tucker@tridenttransport.com)**

Load Accepted By: \_\_\_\_\_ Signature:     *Marcus Nikolic*    

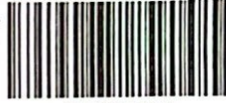
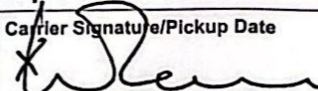
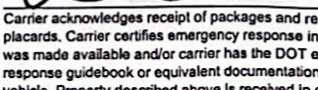
Driver Name \_\_\_\_\_ Cell # \_\_\_\_\_ Truck # \_\_\_\_\_ Trailer # \_\_\_\_\_

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## BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

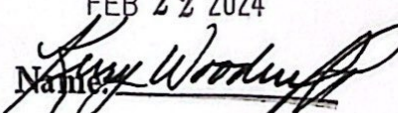
Page 1 of 1

SHIP FROM		Bill of Lading Number:	
FTI Buyer LLC 8485 Broadwell Road Cincinnati, OH 45244		 BRO24001	
SHIP TO		Carrier Name:	
Treasure Hunt		Trailer number: 740	
		SCAC:	
		Seal: 061551	
Special Instructions:		Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.	
CUSTOMER ORDER INFORMATION			
Return Merchandise	# of Packages	Weight	Pallet/Slip (circle one)
		30,000 LBS	Y N
			Y N
CARRIER INFORMATION			
Handling Unit		Package	
Qt.	Type	Qty.	Type
24	SKIDS	0	BOX
Weight		HM (X)	
30,000 LBS			
Commodity Description		LTL Only	
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		NMFC No. Class	
COD Amount: \$		Fee terms: Collect <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/>	
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.		The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees, 2MC management Inc. will not be responsible for any shipping charges.	
Shipper Signature: Austin Jones		Shipper Signature: Kaitlyn Jones Operations Supervisor	
Trailer Loaded: <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver		Freight Counted: <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces	
Carrier Signature/Pickup Date 		Carrier Signature/Pickup Date 	
By: Austin Jones 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.		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.	

DOCK #:

RECEIVED


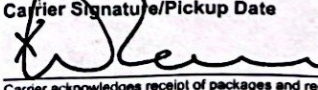
FEB 22 2024

Name: 



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CUSTOMER ORDER INFORMATION			
Return Merchandise	# of Packages	Weight	Pallet/Slip (circle one)
		30,000 LBS	Y N
			Y N
CARRIER INFORMATION			
Handling Unit	Package	LTL Only	
Qt. Type	Qty. Type	Weight	HM (X)
24 SKIDS	0 BOX	30,000 LBS	
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			
COD Amount: \$		Fee terms: Collect <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/>	
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Jaime B.C

Jaime B.C  
2/23/24

DOCK #:

RECEIVED

FEB 22 2024

Name: 