



Bill to:
DL FREIGHT SOLUTIONS LLC

Invoice Date: 06/23/2024
Invoice #: PRO # 36445
Terms: NET 30
Due Date: 07/23/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/21/2024		2900 Meacham Blvd, Fort Worth, TX 76137, USA - 6000 N Noah Dr, Saxonburg, PA 16056, USA			
			1	\$2,500.00	\$2,500.00

TOTAL
\$2,580.00

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

PRO # 36445

Rate Confirmation

06/21/24 09:11:48 (EST)



DL FREIGHT SOLUTIONS LLC
200 SOUTH VIRGINIA ST.
100
RENO NV 89501

F
R
O
M

FABIAN RAMIREZ
(775) 325-4600 x 1017 (p)
(775) 881-8164 (c) (775) 881-8164 (c)
framirez@dlfreightsolutions.com

C
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ROYAL3 INC
(630) 485-7370 (p) Att: AL
(630) 485-6980 (f)
MC # 944686 Truck #
DOT 2828543 Trailer #
Driver LUIS Cell # (704) 724-3937

Size & Type: 53' VAN

Pieces: 33

Straps/Chains Required

Description: FOOD

Weight: 25076

Miles: 1256

DECLARED VALUE \$100000.00

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2500.00	DL FREIGHT SOLUTIONS DOES NOT REIMBURSE CONVENIENCE FEES. ALL PODS, LUMPER RECEIPTS, AND DETN REQUESTS MUST BE SUBMITTED WITHIN 48 HRS OF DEL. IT IS THE DRIVERS RESPONSIBILITY TO ENSURE PHOTOS/DESCRIPTION FROM RECEIVER OF ANY CHARGES. DL FREIGHT SOLUTIONS IS NOT RESPONSIBLE FOR PAYING ANY CHARGES WITHOUT PHOTOS/DESCRIPTION.
LUMPER FEE	80.00	
TOTAL RATE	2580.00	

PICK 1

WOODS DISTRIBUTION
2900 MEACHAM BOULEVARD
FORT WORTH TX 76137

Appointment 06/21/24 @ 10:30

Appt Notes: STRICT APPT 10:30AM

Pieces: 33

Weight: 25076

Seal # 630 566 2080

Ref # CM31605530

STOP 1

SAXONBURG
6000 NORTH NOAH ROAD
SAXONBURG PA 16056

Appointment 06/23/24 @ 00:30

Appt Notes: STRICT APPT 00:30AM

Pieces: 33

Weight: 25076

Seal # 630 566 2080

Ref # CM31605530

Carrier must send picture of BOL prior to departing shipper & confirm pallet ct
Carrier must have a BOL for every PO on truck. -\$100/day for failure to comply.
*If driver can't be on dock while loading, SLC must be signed on BOL by shipper employee.
*Trailer must be 53'swing doors, free of debris, w/ no holes, nails, or odors.
*Must have 2 load locks/bars to secure shipment. Must be on macropoint at all times, -\$100/day for failure to comply.
*First 4hrs at PU&DEL are free.
*All detn requests must be submitted with pprwork within the first 12 hrs of DEL, must contain the in/out times at where the detn took place and must be signed off by a manager.
In the event of a restack fee, carrier must include photos of what the load looks like before the restack occurred & after in order for DL to reimburse. If DL is required to reschedule an apt. at either PU/DEL due to carrier negligence, hours, etc there is to be a \$300 late/reschedule fee. \$100 fee if not communicated in a timely manner
*Failure to comply will be subject up to a \$1,000 rate deduction or FTL claim.
**In the event of a breakdown or any delay which causes the load to be a day late for DEL, DL is authorized to coordinate a recovery option to meet the

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 36445

must appear on all Invoices

PRO # 36445

Rate Confirmation

06/21/24 09:11:48 (EST)



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200 SOUTH VIRGINIA ST.
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RENO NV 89501

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DOT 2828543 Trailer #
Driver LUIS Cell # (704) 724-3937

requirements set forth in the load & to uphold the prerequisites and obligations that are outlined in the load or RC in order to uphold our binding obligation that this load is to DEL safely, and securely on time DL may be required to find a recovery carrier to ensure OTD is met. DL has the sole discretion to find a recovery carrier that may be out of the original carrier's network to hook up & power the trailer to ensure the load DEL on time as per the date and time agreed to by the original carrier. The recovery carrier will adhere to the same obligations, qualifications and standards in regard to dot, elds, and ins. reqs that any carrier in the DLnetwork agrees to. If DL recovers the load, both carriers are to adhere to all interchange agreements. **Submit lumpers, requests, and POD's within 12 hrs of DEL. -\$200 for POD. **BY ACCEPTING THIS SHIPMENT YOUR COMPANY ACCEPTS TO PROVIDE LIVE TRACKING OF THE EQUIPMENT VIA MACROPOINT ACCEPTANCE BY YOUR ASSIGNED DRIVER(S) OR OTHER LIVE GPS TRACKING OF THE DRIVER OR EQUIPMENT. IF LIVE TRACKING IS NOT PROVIDED, A \$100 PER DAY RATE REDUCTION WILL INCUR**
TARPING IS AT SHIPPER'S DISCRETION
PLEASE SEND ALL PAPERWORK TO AP@DLFREIGHTSOLUTIONS.COM

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 36445

must appear on all Invoices



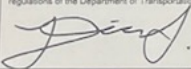
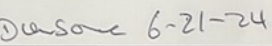
CM31605030 SXR

2930 HT

Date: 2024/06/20

BILL OF LADING

Page 1 of 2

SHIP FROM Name: Woods Distribution Solutions Address: 2900 Meacham Blvd City/State/Zip: Fort Worth / TX / 76137 Vendor #: SID #: FOB: <input type="checkbox"/>		Bill of Lading Number: 00000000000002240 	
SHIP TO Name: ALDI-SXB Address: 6000 NORTH NOAH DRIVE City/State/Zip: SAXONBURG / PA / 16056 Telephone#: CID #: FOB: <input type="checkbox"/>		CARRIER NAME: R09413 Trailer number: HT 367112 Seal number(s): 4254117	
THIRD PARTY FREIGHT CHARGES BILL TO Name: Address: City/State/Zip: FOB: <input type="checkbox"/>		SCAC: Pro number: 	
SPECIAL INSTRUCTIONS Appt: 9:30AM Time In: 8:56AM Time Out: 9:25AM		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: 3rd Party: <input checked="" type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP
SEE ATTACHED			
SUPPLEMENT PAGE			
GRAND TOTAL	1906	23064.76	
CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	LTL ONLY	
QTY	TYPE	QTY	TYPE
18	Pcs	1906	Cns
18		1906	
WEIGHT		H.M.(X)	
23064.76			
COMMODITY DESCRIPTION			
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 _____ per _____			
COD Amount: \$ Fee Terms: <input type="checkbox"/> Collect: <input 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 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 to the shipper, on request, and to all applicable state and federal regulations.			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in the proper condition for transportation according to the applicable regulations of the Department of Transportation.  06/21/24		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	
VICIS Standard BOL		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 DOT emergency response guidebook or equivalent. Property described above is received in good order, except as noted.  6-21-24	

SLC

DR 42

FROM: Travis 712 SI 2830 1
 TO: Sioux (712) 1
 TRK# 2

Date: 2024/06/20

SUPPLEMENT TO THE BILL OF LADING

Page 2 of 2

Bill of Lading
Number

00000000000002240

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SUP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
SXB-280344	575	2448	N	
SXB-280343	585	585	N	
SXB-280342	775	775	N	
SXB-280341	1328	1328	N	
SXB-280340	1817	1817.75	N	
SXB-274032	6240	6240	N	
280339	1800	1800	N	
280338	1088	1088	N	
			N	
PAGE SUBTOTAL	1808	23084.75		

The load has been inspected for evidence of infestation, cleanliness, condition and odors of the trailer. The product has been inspected for evidence of tampering, damage and commingling. The Country of Origin is present on the label if applicable. Received under protest pending quality inspection and count/quantity verification.

Aldi Signature [Signature]

Driver Signature _____

Gate Pass _____ Date 6/23/24

Time _____

Check In (Guard): _____

Appointment Time 1 AM

Unloaded & Signed Out: - 423 -

CTB1605530 SXB

2930
Page 1 of 2

Date: 2024/06/20

BILL OF LADING

SHIP FROM
Name: Woods Distribution Solutions
Address: 2900 Meacham Blvd
City/State/Zip: Fort Worth / TX / 76137
Vendor #:
SID #:
FOB: ☐

Bill of Lading Number: 0000000000002240



0000000000002240

SHIP TO
Name: ALDI-SXB
Address: 6000 NORTH NOAH DRIVE
City/State/Zip: SAXONBURG / PA / 16056
Telephone#:
CID #:
FOB: ☐

CARRIER NAME: ROYAL
Trailer number: HT 367112
Seal number(s): 4254117

THIRD PARTY FREIGHT CHARGES BILL TO
Name:
Address:
City/State/Zip:
FOB: ☐

SCAC:
Pro number:



SXB-280344

SPECIAL INSTRUCTIONS

Appt: 9:30AM
Time In: 8:56AM
Time Out: 9:25AM

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

Prepaid: Collect: 3rd Party: ☒

☐ Master Bill of Lading, with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SUP	ADDITIONAL SHIPPER INFO
SEE ATTACHED				
SUPPLEMENT PAGE				
GRAND TOTAL	1906	23064.76		

CARRIER INFORMATION

HANDLING UNIT	PACKAGE	WEIGHT	H.M.(X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE		NMFC# CLASS
19	Piz	1906	Ctns	23064.76	
19		1906		23064.76	
				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:
Declared 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 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 to the shipper, on request, and to all applicable state and federal regulations.

SHIPPER SIGNATURE / DATE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in the proper condition for transportation according to the applicable regulations of the Department of Transportation.

[Signature] 06/21/24

Trailer Loaded:
☒ By Shipper
☐ By Driver

Freight Counted:
☒ By Shipper
☐ 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 DOT emergency response guidebook or equivalent. Property described above is received in good order, except as noted.

[Signature] 6-21-24

VICS Standard BOL

SLC →

DR 42

Q