

**Bill to:**

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

Invoice Date: 06/25/2024

Invoice #: 0697378

Terms: NET 30

Due Date: 07/25/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/24/2024		1401 S 16th Street Suite 100, La Porte, TX 77571 - 108 N. Ash Avenue, South Pittsburg, TN 37380			
			1	\$1,700.00	\$1,700.00

<b>TOTAL</b>
\$1,700.00

**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](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.

**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

Page 1

Load Confirmation

0697379

<b>Carrier:</b>	BRZ	<b>Contact:</b>	Marcus
	BURBANK IL 60459	<b>Phone:</b>	708-303-5150 x103
<b>Date:</b>	06/24/2024	<b>Fax:</b>	

<b>Order</b>	<b>Order:</b> 0697379	<b>Commodity:</b> Plastics
	<b>Miles:</b> 757.0	<b>Weight:</b> 44445.0
	<b>Temp:</b>	<b>Trailer:</b> Van (DAT)
	<b>Cases/pieces:</b> 20	<b>Reference:</b>
	<b>BOL:</b> W102-000170	<b>Order Type:</b> TL

<b>PU 1</b>	<b>Name:</b> Warehouse	<b>Date:</b> 06/24/2024 0915
	<b>Address:</b> 1401 S 16th Street	06/24/2024 1500
	<b>Suite 100</b>	<b>Contact:</b> Fabi
	LA PORTE TX 77571	<b>Driver Load:</b> No driver loading or unload
	<b>Phone:</b> 713-844-8578	
	<b>Reference number:</b> PU W102-000170	

<b>SO 2</b>	<b>Name:</b> Retro Industries LLC	<b>Date:</b> 06/25/2024 0700
	<b>Address:</b> 108 N. Ash Avenue	06/25/2024 1400
	SOUTH PITTSBURGH 37380	<b>Contact:</b> Mark
	<b>Phone:</b> 601-954-9576	<b>Driver Load:</b> No driver loading or unload

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$1,700.00
	<b>Total Carrier Pay:</b>	\$1,700.00

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

Special instructions:

Please Sign: *Jim Dujanovic*

(X) Accept

( ) Decline

**Attention:** Travis Skaggs  
727-314-1972  
travis.skaggs@tridenttransport.com

**Driver Name:** Jon Taylor  
**Driver Cell:** 520-499-9166  
**Driver Email:**  
**Tractor #:** 851  
**Trailer #:** PTLZ232153  
**Tractor VIN:** 1M1AN4GY1PM031933





## STRAIGHT BILL OF LADING - ORIGINAL - NOT NEGOTIABLE

DRIVER COPIES

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described below in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood through this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination. If on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all Bill of Lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the Bill of Lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. Liability Limitation for loss or damage on this shipment may be applicable.

From	PROMAX INDUSTRIES US INC	DATE	BILL OF LADING
At	HAWTHORNE CUSTOMS & DISPATCH SERVICES, LLC.	6/24/2024 11:59:00 PM -05:00	W102-000170
	1401 S 16TH ST	CARRIER	LOAD/BATCH NUMBER
	LA PORTE TX 77571		W102-000170
	UNITED STATES		PO NUMBER
			W102-000170
CONSIGNEE	RETRO INDUSTRIES, LLC	SHIPPER'S INSTRUCTIONS:	BILL TO:
AND	108 N ASH AVE	Prepaid	PROMAX INDUSTRIES US INC
DESTINATION	SOUTH PITTSBURG TN 37380-1564		1 CAPITOL MALL
	UNITED STATES		STE 670
			SACRAMENTO CA 95814-3265

NO. PACKAGES	UNIT	HM	NO. PLTS	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE
20	PLT		20	C5 HYDROCARBON RESIN 2 X 500 KG Item #: 11144 Lot #: W00077651 Reference #: W00078163		
20	PLT		20	BILL OF LADING SUMMARY TOTALS:	44092.490 LB	
				Service level:		
				Special Instructions:		
				CONT #MSDU7365762		
Subject to Section 7 of Conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: "The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges."				Received \$ _____ to apply in prepayment of the charges on the property described hereon. (Agent or Cashier) Per _____ (The signature acknowledges only the amount prepaid.)	If charges are to be prepaid, write or stamp here: \$ _____	
SHIPPER CERTIFICATION: 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 Department of Transportation.				SIGNATURE <i>Allyson</i>		
* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".						
Shipper's Imprints in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.						
Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declare value of the property.						
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ Per _____						
THIS SHIPMENT IS CORRECTLY DESCRIBED				The fibre boxes used for this shipment conform to the specifications set forth in the box makers certificate thereon, and all other requirements of the Consolidated Freight Classification.		
CORRECT WEIGHT IS _____ LBS.				Per PROMAX INDUSTRIES US INC Shipper		

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R T D I PROMAX INDUSTRIES US INC  
M O R P 1 CAPITOL MALL STE 670  
A F E P SACRAMENTO CA 95814-3265  
N F S E UNITED STATES  
E I S R  
N C O F  
T E

Shipper, Per Port Dispatch Warehouse Services, LLC Agent, Per PROMAX INDUSTRIES

DRIVERS SIGNATURE HEREON INDICATES RECEIPT OF REQUIRED PLACARDS

DRIVERS SIGNATURE

DATE: \_\_\_\_\_  
Trailer No. \_\_\_\_\_



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AND	108 N ASH AVE	Prepaid	PROMAX INDUSTRIES US INC
DESTINATION	SOUTH PITTSBURG TN 37380-1564 UNITED STATES		1 CAPITOL MALL STE 670 SACRAMENTO CA 95814-3265

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Signature of Consignor _____				SHIPPER CERTIFICATION: 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 Department of Transportation. SIGNATURE <i>[Signature]</i>		
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Shipper, Per Port Dispatch Warehouse Services, LLC Agent, Per PROMAX INDUSTRIES

DRIVERS SIGNATURE HEREON INDICATES  
RECEIPT OF REQUIRED PLACARDS

DRIVERS SIGNATURE
DATE:
Trailer No.:

*[Handwritten Signature]*