

**Bill to:**

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

Invoice Date: 06/27/2024

Invoice #: 0697590

Terms: NET 30

Due Date: 07/27/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/26/2024		11601 Otter Creek Rd S, Mabelvale, AR 72103 - 104 Challenger Dr #300, Portland, TN 37148			
			1	\$1,250.00	\$1,250.00

TOTAL
\$1,250.00

**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

0697590

<b>Carrier:</b>	ROYAL3 INC CHICAGO IL 60638	<b>Contact:</b>	MIKE
<b>Date:</b>	06/26/2024	<b>Phone:</b>	630-485-7370
		<b>Fax:</b>	

<b>Order</b>	<b>Order:</b> 0697590	<b>Commodity:</b>	Ad Inserts
	<b>Miles:</b> 391.0	<b>Weight:</b>	43500.0
	<b>Temp:</b>	<b>Trailer:</b>	Van (DAT)
	<b>Cases/pieces:</b> 0	<b>Reference:</b>	
	<b>BOL:</b>	<b>Order Type:</b>	TL

<b>PU 1</b>	<b>Name:</b>	Axiom Impressions	<b>Date:</b>	06/26/2024 1800
	<b>Address:</b>	11601 Otter Creek Rd S		06/26/2024 2000
		MABELVALE AR 72103	<b>Contact:</b>	main
	<b>Phone:</b>	501-217-7400	<b>Driver Load:</b>	No driver loading or unload

<b>SO 2</b>	<b>Name:</b>	Axiom Impressions	<b>Date:</b>	06/27/2024 0800
	<b>Address:</b>	104 Challenger Dr #300		06/27/2024 1500
		PORTLAND TN 37148	<b>Contact:</b>	Sonia Furnish
	<b>Phone:</b>	615-323-7300	<b>Driver Load:</b>	No driver loading or unload

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$1,250.00
	<b>Total Carrier Pay:</b>	\$1,250.00

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

Special instructions:

Please Sign: *Mike Zivanovic*

(X) Accept

( ) Decline

**Attention:** Alvin Benjamin  
423-264-4073  
alvin.benjamin@tridenttransport.com

**Driver Name:** Pedro  
**Driver Cell:** 754 304 8488  
**Driver Email:** mike.z@royal3inc.com  
**Tractor #:** 751  
**Trailer #:** H03257  
**Tractor VIN:** 3AKJHHR6PSNM3962



## STRAIGHT BILL OF LADING-SHORT FORM-ORIGINAL-NOT NEGOTIABLE

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

FROM  
ATAXIOM IMPRESSIONS  
11601 OTTER CREEK SOUTH  
MABELVALE, AR 72103

DATE

NAME OF CARRIER

SHIPPER'S NO.

CARRIER'S NO.

The property described below is the property of the shipper, and the shipper warrants that the contents of packages unknown, marked, consigned, and destined as indicated below, which said carrier the word carrier being understood throughout this contract as meaning any person or corporation, shall be carried 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 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 the terms and conditions of the Uniform Domestic Freight Bill of Lading set forth (1) in Official Southern, Western, and Illinois Freight Classifications in effect on the date hereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back hereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

(MAIL OR STREET ADDRESS OF CONSIGNEE-FOR PURPOSES OF NOTIFICATION ONLY.)

ROUTE

CONSIGNEE  
TO AND  
DESTINATIONAXIOM IMPRESSIONS, LLC  
104 CHALLENGER DR, SUITE 300  
PORTLAND, TN 37148Delivering  
Address -

(TO BE FILLED IN ONLY WHEN SHIPPER DESIRES AND GOVERNING TARIFFS PROVIDE FOR DELIVERY THEREAT.)

DELIVERING CARRIER

CAR OR VEHICLE INITIALS &amp; NO.

ATTN: RECEIVING

NO. OF SHIPPING UNITS	H.M.	KIND OF PACKAGES, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CARRIAGE)	CLASS OR RATE	CHECK COLUMN
21		30 inch HiBrite	27474	60	
7		ROLL STOCK	15106		
		27 inch SEA			
		Total	42580		
REMIT C.O.D. TO: ADDRESS			C.O.D. AMOUNT \$	C.O.D. CHARGE TO BE PAID BY	SHIPPER CONSIGNEE

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 consignee, the consignee shall sign the following statement: The carrier shall not make delivery on this shipment without payment of freight and all other lawful charges.

Per \_\_\_\_\_

(Signature of Consignee)

If charges are to be prepaid, write or stamp here: "To be Prepaid"

Received \$ \_\_\_\_\_ to apply in prepayment of the charges on the property described hereon.

Per \_\_\_\_\_

(The signature here acknowledges only the amount prepaid.)

Charges Advanced.

\$ \_\_\_\_\_

This is to certify that the above-named articles 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.

\* 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 liability in loss of cargo, and a part of Bill of Lading approved by the Department of Transportation.

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The three containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification.

SIGNATURE

TITLE

THIS SHIPMENT IS CORRECTLY DESCRIBED.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

CORRECT WEIGHT IS

LBS.

Shipper

Agent

Per

Per

Permanent post office of shipper

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CORRECT WEIGHT IS

LBS.

Shipper

Agent

Per

Per

Permanent post office of shipper

OFFICE USE ONLY  
DESTINATION:

JOB #

CUSTOMER

NO. OF SHIPPING UNITS

WEIGHT

