



Bill to:
DL FREIGHT SOLUTIONS LLC

Invoice Date: 07/10/2024
Invoice #: PRO # 36810
Terms: NET 30
Due Date: 08/10/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|------------|------------|
| 07/08/2024 | | 2900 Meacham Boulevard, Fort Worth, TX 76137 - 6000 North Noah Drive, Saxonburg, PA 16056 | | | |
| | | | 1 | \$2,300.00 | \$2,300.00 |

| |
|--------------|
| TOTAL |
| \$2,340.00 |

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 # 36810

Rate Confirmation

07/08/24 12:08:55 (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
A
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ROYAL3 INC
(630) 485-7370 (p) Att: BONNIE
(630) 485-6980 (f)
MC # 944686 Truck #
DOT 2828543 Trailer #
Driver NWENS Cell # (908) 267-7273

Size & Type: 53' VAN
Pieces: 3
Straps/Chains Required

Description: FOOD
Weight: 1154
DECLARED VALUE \$100000.00

Miles: 1256

| CHARGES | | DISPATCH NOTES |
|----------------|---------|---|
| LINE HAUL RATE | 2300.00 | 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 | 40.00 | |
| TOTAL RATE | 2340.00 | |

PICK 1

WOODS DISTRIBUTION
2900 MEACHAM BOULEVARD
FORT WORTH TX 76137

Appointment 07/08/24 @ 14:30
Appt Notes: STRICT APPT 14:30PM
Pieces: 3
Weight: 1154
Seal # 630 566 1434
Ref # 7500822182

STOP 1

SAXONBURG DC
6000 NORTH NOAH DRIVE
SAXONBURG PA 16056

Appointment 07/10/24 @ 00:30
Appt Notes: STRICT APPT 00:30AM
Pieces: 3
Weight: 1154
Seal # 630 566 1434
Ref # 50000204313

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 # 36810

must appear on all Invoices

PRO # 36810

Rate Confirmation

07/08/24 12:08:55 (EST)



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

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

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ROYAL3 INC
(630) 485-7370 (p) Att: BONNIE
(630) 485-6980 (f)
MC # 944686 Truck #
DOT 2828543 Trailer #
Driver NWENS Cell # (908) 267-7273

requirements set forth in the load & to uphold the prerequisites and 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 # 36810

must appear on all Invoices



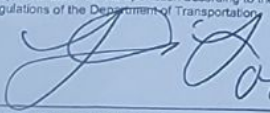
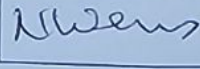
50000204313 SBX

(W3PM

Date: 2024/07/08

BILL OF LADING

Page 1 of 1

| SHIP FROM | | | | Bill of Lading Number: 0000000000000017 | |
|--|--------|--|-------------|--|---------|
| Name: Woods Distribution Solutions | | | |  *0000000000000017* | |
| Address: 2900 Meacham Blvd | | | | | |
| City/State/Zip: Fort Worth / TX / 76137 | | | | | |
| Vendor #: _____ | | | | | |
| SID #: _____ | | | | FOB: <input type="checkbox"/> | |
| SHIP TO | | | | CARRIER NAME: Royale | |
| Name: ALDI - CTV | | | | Trailer number: H03238 | |
| Address: 6000 North Noah Dr | | | | Seal number(s): 09519119 | |
| City/State/Zip: Saxonburg / PA / 16056 | | | | | |
| Telephone#: _____ | | | | | |
| CID #: _____ | | | | FOB: <input type="checkbox"/> | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | SCAC: _____ | |
| Name: _____ | | | | Pro number: 7500822182 | |
| Address: _____ | | | |  *7500822182* | |
| City/State/Zip: _____ | | | | | |
| SPECIAL INSTRUCTIONS Appt: 3:00 PM Time in: 2:33 PM Time out: _____ | | | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: _____ 3rd Party: <u>X</u> | |
| | | | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | |
| CUSTOMER ORDER INFORMATION | | | | | |
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO | |
| 7500822182 | 144 | 1350 | N | | |
| GRAND TOTAL | 144 | 1350 | | | |
| CARRIER INFORMATION | | | | | |
| HANDLING UNIT | | PACKAGE | | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | WEIGHT | H.M.(X) |
| 3 | Pts | 144 | Ctns | 1350 | |
| 3 | | 144 | | 1350 | |
| COMMODITY DESCRIPTION | | | | NMFC# CLASS | |
| 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.  07/08/24 | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input 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.  7-8-24 | | | |

DR 45

GATE PASS - OUTBOUND PRODUCT
ALDI-SAXONBURG DIVISION

DATE: 7-10-24 Guard In Time 0054 Guard Out Time _____

Carrier Name Royal 3 TRL # 03238

Driver Cell Phone # 708-267-7273

[Signature] SIGNED Pallets left on TRL _____
(ALDI PERSONNEL)

Bay Door # 33
Check In Time _____
Appt Time 7
Employees _____
Load Start Time _____
Load End Time _____
Cost \$ _____
Pallets _____
Extensive Count _____

7500 822182

Address: _____
City/State/Zip: _____

SPECIAL INSTRUCTIONS
Appt: 3:00 PM
Time in: 2:33 PM
Time out:

Freight Charge Terms:
(freight charges are prepaid unless marked otherwise)
Prepaid: _____ Collect: _____ 3rd Party: X

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

| CUSTOMER ORDER INFORMATION | | | | | ADDITIONAL SHIPPER INFO | |
|----------------------------|--------|--------|-------------|--|-------------------------|--|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | | | |
| 7500822182 | 144 | 1350 | N | | | |
| GRAND TOTAL | 144 | 1350 | | | | |

| CARRIER INFORMATION | | | | | | LTL ONLY | | |
|---------------------|------|---------|------|--------|---------|-----------------------|-------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M.(X) | COMMODITY DESCRIPTION | NMFC# | CLASS |
| QTY | TYPE | QTY | TYPE | | | | | |
| 3 | Pts | 144 | Crs | 1350 | | | | |
| 3 | | 144 | | 1350 | | | | |
| GRAND TOTAL | | | | | | | | |

Where the rate is based on value, shippers are required to state specifically in writing the agreed value of the goods. The carrier is not responsible for loss or damage to goods exceeding the agreed value.

NOTE: Liability limitation for loss or damage to goods may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

SHIPPER SIGNATURE / DATE: [Signature] 7-10-24

Trailer Loaded: ☐ By Shipper ☐ By Driver

Freight Counted: ☐ By Shipper ☐ By Driver/pallets ☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE: NW [Signature] 7-8-24

VICS Standard BOL

DR 45

1354

00204313 SBX

Page 1 of 1

BILL OF LADING

SHIP FROM

ame: Woods Distribution Solutions
 ddress: 2900 Meacham Blvd
 ity/State/Zip: Fort Worth / TX / 76137
 endor #:
 ID #:

FOB: ☐

SHIP TO

ame: ALDI - CTV
 ddress: 6000 North Noah Dr
 ity/State/Zip: Saxonburg / PA / 16056
 Telephone #:
 ID #:

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO

Name:
 Address:
 City/State/Zip:

SPECIAL INSTRUCTIONS

APPT: 3:00 PM
 Time in: 2:33 PM
 Time out:

Bill of Lading Number: 00000000000000017



00000000000000017

CARRIER NAME:

Royale

Trailer number:

H03238

Seal number(s):

00519119

SCAC:

Pro number:

7500822182



7500822182

Freight Charge Terms:

(freight charges are prepaid unless marked otherwise)

Prepaid:

Collect:

3rd Party: ☒
☐
 (check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|--------|--------|-------------|-------------------------|
| 7500822182 | 144 | 1350 | N | |
| | 144 | 1350 | | |
| GRAND TOTAL | | | | |

CARRIER INFORMATION

| HANDLING UNIT | PACKAGE | WEIGHT | H.M.(X) | COMMODITY DESCRIPTION | NMFC# | CLASS |
|---------------|---------|--------|---------|-----------------------|-------|-------|
| QTY | TYPE | QTY | TYPE | | | |
| 3 | Pts | 144 | Ctns | | | |
| 3 | | 144 | | | | |
| | | | | 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. The agreed or declared value exceeding \$100,000.00 must be accompanied by a written statement of the shipper's liability for loss or damage to the property. The Country of Origin is present on the label if applicable. Received under protest pending quality inspection and count/quantity verification.

GOD Amount: \$

Fee Terms: ☐Collect: ☐Prepaid: ☐Customer check acceptable: ☐

NOTE Liability limitation for loss or damage to 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 the shipper, on request, and to all applicable state, federal and federal regulations.

SHIPPER SIGNATURE / DATE

This is to certify that the 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.

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.

NWens m.
 7-8-24

VICS Standard BOL

DR 45

L354

Capstone Logistics

30 TECHNOLOGY PKWY SOUTH SUITE 200
PEACHTREE CORNERS, GA 30092
770-414-1929
FED ID# 45-3087555

05:00:24 July 10, 2024

| | |
|-----------------|--------------------------------------|
| Receipt #: | 6ba41e3a-0dbb-41f8-a7f5-e98add5b0f5d |
| Location: | ALDI SAXONBURG UNLOAD PA |
| Work Date: | 2024-07-10 |
| Bill Code: | COD40363 |
| Carrier: | ROYAL 3 |
| Dock: | DRY |
| Door: | 33 |
| Purchase Orders | Vendor |
| 822182 | WOODS |

| | |
|-------------------------|-------|
| Total Initial Pallets: | 3.00 |
| Total Finished Pallets: | 3 |
| Total Case Count: | 144 |
| Trailer Number: | 03238 |
| Tractor Number: | |
| BOL: | |
| Comments: | |
| Canned Comments: | |
| Unloaders: | 3 |

| | |
|----------------------|---------|
| Add Fee | |
| PO: 822182 | |
| Restack | \$5.00 |
| Total Add Charges: | \$5.00 |
| Base Charge: | 30.00 |
| Convenience Fee: | 10.00 |
| Total Cost: | 45.00 |
| Payments: | Amount |
| CapstonePay-34007101 | \$45.00 |
| Total Payments | \$45.00 |