



INVOICE

BILL TO:
TRIDENT TRANSPORT LLC
505 RIVERFRONT PKWY
CHATTANOOGA, TN 37402

INVOICE DATE: 02/17/2025
INVOICE #: R77380
TERMS: NET 30
DUE DATE: 03/17/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
02/13/2025		19111 Darvin Dr, Mokena, IL 60448, USA - 6000 North Noah Drive, Saxonburg, PA 16056			
		Freight Income	1	\$1,350.00	\$1,350.00
		Lumper	1	\$120.00	\$120.00

Payments:

DATE	METHOD	CHECK#	CHECK DATE	REFERENCE	AMOUNT
02/14/2025	Direct Deposit	727925	02/14/2025	727925	\$1,350.00

TOTAL
\$120.00

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
- 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 accepting, transporting, handling, signing, or otherwise engaging with the load described in this rate confirmation, Carrier agrees to all terms and conditions stated herein.

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

0813831

Carrier:	ROYAL3 INC CHICAGO IL 60638	Contact:	RIKI KOVACEVIC
Date:	02/13/2025	Phone:	630-485-7370
		Fax:	
Order	Order: 0813831 Miles: 459.0 Temp: Cases/pieces: 1458 BOL: 50000674288	Commodity: Dry Food Goods Weight: 12000.0 Trailer: Van (DAT) Reference: 7503948690 Order Type: ENT	

PU 1	Name: Up at Dawn Inc. Address: 9000 W. 192nd St. NEW LENOX IL 60451 Phone: Reference number: 22 1499.00 Reference number: PO 7503948690 Reference number: SI 10 Reference number: ZZ peer to peer tender	Date: 02/13/2025 0900 02/13/2025 1500 Contact: Driver Load: No driver loading or unload
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SO 2	Name: ALDI SAXONBURG Address: 6000 NORTH NOAH DRIVE SAXONBURG PA 16056 Phone: Reference number: KK 531729999679448 Reference number: PO 7503948690 Reference number: SI 10	Date: 02/13/2025 2300 02/13/2025 2300 Contact: Driver Load: No driver loading or unload
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Payment	Carrier Freight Pay:	\$1,350.00
	Total Carrier Pay:	\$1,350.00

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

Up at Dawn Inc. - ALDIBAI1: ***Lumper receipts submitted for payment after initial invoice has already been submitted for payment will NOT be paid. Lumper receipts must be submitted with initial invoice or prior to billing to be reimbursed.***

Up at Dawn Inc. - ALDIBAI1: **\$250 Rescheduling Fee will incur on all shipments without 24 hr notice**

Up at Dawn Inc. - ALDIBAI1: *TRACKING: MACROPOINT OR TRUCKERTOOLS REQUIRED*

Up at Dawn Inc. - ALDIBAI1: CUSTOMS BROKER: If crossing Canadian/USA border, carrier must obtain customs broker information from shipper.

Up at Dawn Inc. - ALDIBAI1: **POD must be obtained AND STAMPED BY ALDI FACILITY before leaving receiving Aldi Facility. A signature from the receiver without a stamp is NOT sufficient**

Up at Dawn Inc. - ALDIBAI1: Pickup:

PO#

Delivery:

DEL#

LUMPER REQUIRED AT DELIVERY. EMAIL RECEIPT OR UPLOAD TO TEXTLOCATE WITHIN 24-HOURS TO YOUR TRIDENT DISPATCHER FOR REIMBURSEMENT.

ALL ACCESSORIAL REQUESTS & PAPERWORK MUST BE EMAILED TO:
YOUR TRIDENT DISPATCHER WITHIN 24-HOURS OF DELIVERY

*DRIVER IS RESPONSIBLE FOR ANY COSTS INCURRED FROM LOAD SHIFTS, PRODUCT DAMAGE, NONCOMPLIANCE WITH FACILITIES/BROKER, UNTIMELY TRANSIT, AND/OR POOR COMMUNICATION.

*Carrier's responsibility to verify that ALL POs on rate confirmation match POs on Shippers BOL. Failure to do so could result in rate reduction.

*MUST send pictures for any RE-STACKS at delivery for reimbursement

*Trailers must be: CLEAN, DRY, NO HOLES, NO ODORS, & must be able to scale the full weight.

*Detention will not be paid without verified in & out times on signed BOL's - all detention requests must go through proper approval process that can take 2-4 weeks

*Driver MUST report any overages, shortages, or damaged product immediately.

Please Sign: *Bonnie R*

(X) Accept

() Decline

Attention: **Matthew Hickey**
423-498-3485
matthew.hickey@tridenttransport.com

Driver Name: angel

Driver Cell: 305-407-6516

Driver Email:

Tractor #: 719

Trailer #: W94924

Tractor VIN: x





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Payment	Carrier Freight Pay:	\$1,350.00
	Lumper	120.00
	Total Carrier Pay:	\$1,470.00

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

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*Driver MUST report any overages, shortages, or damaged product immediately.

Please Sign: *Bonnie*

(X) Accept

() Decline

Attention: **Matthew Hickey**
423-498-3485
matthew.hickey@tridenttransport.com

Driver Name: angel

Driver Cell: 305-407-6516

Driver Email:

Tractor #: 719

Trailer #: W94924

Tractor VIN: 222



MERIT LOGISTICS

(849) 481-0685

Aldi (ALDSAX), Saxtonburg, PA

Tax Id 461734845
WO #
ALDSAX10199302142025012907
Time 2/14/2025 1:29:00 AM
PO # 7503948690
Truck # 719
Trailer # H03238
Door # 61
Client's Dept Unloading (GRF)
Product GM
Vendor Up at Dawn Inc.
Carrier Royal 3
Bill To Up at Dawn Inc.
QTY < Case > 1000
Activity \$112.00
Work Order Charge \$112.00
Service Charge \$8.00
Total \$120.00
Payment Royal
Authorization 10039656
Driver ANGEL

Driver's Signature

Supervisor's Signature

DDL

02/14/2025 02:23

www.meritlogistics.com



Ships From: Up At Dawn INC. 9000 W. 192ND ST MOKENA, IL 60448		Date: 2/13/2025
CID#:		Bill of Lading No: 021325-6
Ships To: ALDI INC. 6000 NORTH NOAH ROAD SAXONBURG, PA 16056 724-352-9393	Location No: 4453	Carrier Name: ROYAL3 INC Trailer No: H03238 Seal Number(s): 26085937
CID#:		SCAC: Pro No:
Third Party Freight Charges - Bill To:		Freight Charge Terms (Prepaid unless marked otherwise) Prepaid Collect 3rd Party
Special Instructions:		Master BOL: w/attached underlying BOLs
Purchase Order No: 7503948690		

Customer Order Information					
Customer PRODUCT No:	# Pkgs.	Weight	Pallet/Slip	Additional Shipper Info	LOT # / EXP DATE
43418	1,458		27	COMBO BLUEBERRY/ CHOCOLATE CHIP MINI MUFFINS	5042 / BB: 4-12-25
					CC: 4-22-25
The load has been inspected for infection, cleanliness, condition and odors of the trailer. The product has been inspected for evidence of tampering, damage and contamination. The Country of Origin is present on the label if applicable. Received under protest pending quality inspection and count/quantity verification.					
Aldi Signature: <i>[Signature]</i>					
Driver Signature: <i>[Signature]</i>					
Gate Pass: <i>[Signature]</i> Date: 2-14-25					
Time: 1:21					
Check In (Guard): 1:21					
Appointment Time: 1am					
Unloaded & Signed Out: 2:09					
Totals: 1,458 10,395 27					

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 _____ JPOB: _____		COD Amt. \$ (_____) 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 - 14706c(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 with out payment of freight and all other lawful charges. Shipper Signature: _____
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 acknowledged 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. Carrier Signature: _____ Date: _____

<i>[Signature]</i> 2/13/25 Shipper Signature Date	ARRIVAL TIME: 2:25 PM	APPOINTMENT TIME: 9 AM	DEPARTURE TIME: 3:25 PM
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