



INVOICE

BILL TO:

CAPITAL LOGISTICS LLC
1 N GREENWICH OFFICE PARK - 1ST FLOOR,
SUITE 175
GREENWICH, CT 06831

INVOICE DATE: 03/31/2025**INVOICE #:** R83623**TERMS:** NET 30**DUE DATE:** 05/01/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/28/2025		2101 E 39th St N, Sioux Falls, SD 57104 - 1597 Dry Pond Road, Jefferson, GA 30549			
		Freight Income	1	\$2,500.00	\$2,500.00
		Lumper	1	\$36.40	\$36.40

TOTAL

\$2,536.40

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 # 430996

Rate Confirmation

03/27/25 09:10:01 (EST)



CAPITAL LOGISTICS, LLC
1 GREENWICH OFFICE PARK NORTH
STE 175
GREENWICH CT 06831

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DAEJA SMITH
(866) 264-5617 (p)
(914) 931-1750 (f)

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ZIGI FREIGHT INC
(630) 485-7370 (p) Att: KELLY
(630) 485-6980 (f)
MC # 944686 Truck # 715
DOT 2828543 Trailer # W97974
Driver JORELUS Cell # (786) 382-1354

Size & Type: 53' VAN

Description: FOOD PRODUCT

Miles: 1192

Pieces: 160

Weight: 1098

CHARGES		DISPATCH NOTES
LINE HAUL RATE	2500.00	
TOTAL RATE	2500.00	

PICK 1

NORDICA WAREHOUSES, IN
2101 E 39TH ST N
SIOUX FALLS SD 57104
Hours : 0800-1600

Appointment 03/28/25 @ 14:00

Pieces: 160

Weight: 950

Pallets: 4

Seal # EXT 100

Ref # 7504826271

STOP 1

JEFFERSON DC
1597 DRY POND ROAD
JEFFERSON GA 30549

Appointment 03/30/25 @ 01:00

Appt Notes: 531799999794886

Pieces: 160

Weight: 950

Pallets: 4

Seal # EXT 100

Ref # 7504826271

ANY RESTACKS AT DELIVERY MUST BE REPORTED WITHIN 24 HOURS
BEFORE/AFTER PICTURES ARE REQUIRED ALONG WITH RECEIPTS FOR REIMBURSEMENT
*After Hours: 914-413-3990 / Load-Management@cap-log.us *
DETENTION REQUESTS RECEIVED AFTER 48 HOURS MAY BE DENIED
*** ALL REEFER LOADS MUST RUN ON CONTINUOUS & Trailer must be PRE-COOLED ***
All Trailers must be CLEAN, EMPTY and ODOR FREE with NO HOLES
Any deviation from dispatch instructions must be called in immediately
All products SHORTAGES must be reported at time of PICKUP. Failure to report
will result in additional charges.
*Re-brokering, assigning or interlining of this shipment will void our
obligation to pay*
PLEASE FOLLOW TEMPS ON BOL. If there are any discrepancies between Pickups or
Rate Confirmation, you must contact Capital for instruction
The undersigned hereby acknowledges as correct and accepts the referenced
shipment on behalf of Capital Logistics, LLC.
It is agreed that the charges indicated above include all costs and fees in
connection with the shipment as described.
A minimum of \$100,000.00 cargo insurance is required unless otherwise noted
Invoicing by the CARRIER and payment by the BROKER, constitutes acceptance of

(Rate Confirmation Details on Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 430996

must appear on all Invoices

PRO # 430996

Rate Confirmation

03/27/25 09:10:01 (EST)



CAPITAL LOGISTICS, LLC
1 GREENWICH OFFICE PARK NORTH
STE 175
GREENWICH CT 06831

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DAEJA SMITH
(866) 264-5617 (p)
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MC # 944686 Truck # 715
DOT 2828543 Trailer # W97974
Driver JORELUS Cell # (786) 382-1354

this agreement and creates a contract carriage shipment.

**** LOAD LOCKS REQUIRED FOR ALL LOADS ****

Charges may apply for late pick-ups and deliveries

It is the driver's responsibility to ensure that the load is safe & secure

MOTOR CARRIER AGREES TO ABIDE BY ALL FEDERAL, STATE, AND LOCAL LAWS

ALL INVOICES AND BOL's (ALL PAGES) MUST BE SENT TO POD@CAP-LOG.US

Accounting Direct Line: 914-246-0647

***Check Invoices and update loads at <https://cpoj.aljex.com/cpoj/carrier.htm> **

*ANY LOAD THAT IS CONSOLIDATED, CO-LOADED, COMBINED WITHOUT EXPRESSED WRITTEN
PERMISSION FROM CAPITAL LOGISTICS WILL BE SUBJECT TO FORFEITURE OF PAYMENT.*

Carrier Signature _____

Date _____ / _____ / _____
M D

Send Carrier Bills to the Address Above

PRO # 430996

must appear on all Invoices



Billing Requirements

1. All paperwork must be submitted via email to POD@cap-log.us ONLY (missing paperwork will have a fee of \$150 per page).
2. Payment terms are 30 days from when paperwork is received in full. We pay with check or ACH if you are enrolled on it. To enroll to receive ACH payments please contact POD@cap-log.us
3. All invoices must be submitted no later than 2 weeks after delivering.
4. No invoices / POD's should be submitted to the broker, operations, sales department, etc.
5. If you are missing paperwork or paperwork is ineligible, it will not be processed for payment.
6. PDF only (no pictures; this also includes pictures turned into PDF)
7. If you have cases damaged/ short/ missing etc your payment will be held until resolved.
8. If you have a claim - ALL your payments will be put on hold until resolved.
9. All paperwork must have the following to be considered complete: INVOICE, CONFIRMATION, FOLLOWED BY ALL PAPERWORK GIVEN AT THE RECEIVER.
10. All comchecks issued to carriers are subject to a 3% fee (including fuel advances), EXCEPT if the Comcheck was issued to pay a lumper, port fee or any other accessorial.

Lumpers:

We cover all lumpers and port fees except for restacks. If your lumper receipt has a restack fee, it will be deducted.

Lumpers / port fees must be submitted at the time of your invoice, no exceptions.

Lumpers / port fees not submitted along with your invoice cannot be paid later.

Late fees from receivers must be added and approved by your broker and operations supervisor.

Quickpays:

Final payments are made with a comcheck. A 3% fee will be deducted from your payment.

All paperwork should be submitted by 3pm EST. Monday – Friday via email only. Anything after the cut off time will be processed the following business day.

QUICK PAYS ARE NO LONGER SAME DAY – PLEASE ALLOW 48-72 HOURS TO BE PROCESSED

email: POD@cap-log.us

You can check your payment status, check info and due dates online via our carrier portal
(*please contact AP Dept or your broker for your own personal login*)

<https://cpoj.aliexpress.com/cpoj/carrier.htm>

Thank you for your cooperation,
Accounting Department

Carrier Name: _____

Signature (print & sign): _____

Date: _____



Vendor ACH Payment Enrollment Form

How to sign up:

- Vendor must fill out the Vendor ACH form which can be provided by our Accounting Department.
- A **VOIDED CHECK** image must be provided
- E-mail form along with the VOIDED check image to POD@cap-log.us

PAYEE/COMPANY INFORMATION

Entity Name:	
Current Mailing Address:	
Social Security or Taxpayer ID (required):	Contact Person Name:
Telephone:	MC# :
Fax Number:	E-mail Address to send remittance info:

FINANCIAL INSTITUTION INFORMATION

Name:	
Address:	
Nine-digit Routing Transit Number (usually first set of nine-digit numbers at the bottom of check):	
Account Number:	
Type of Account: <div style="text-align: center;">_____Checking _____Savings</div>	
Name of Payee or Authorized Official (please print):	
Signature and Title of Payee or Authorized Official (required):	Date:



CAPITAL LOGISTICS, LLC
1 GREENWICH OFFICE PARK NORTH
STE 175
GREENWICH CT 06831

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CARLOS RODRIGUEZ
(866) 264-5617 (p)
(914) 931-1750 (f)

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ZIGI FREIGHT INC
(630) 485-7370 (p) Att: KELLY
(630) 485-6980 (f)
MC # 944686 Truck # 715
DOT 2828543 Trailer # W97974
Driver JORELUS Cell # (786) 382-1354

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Description: FOOD PRODUCT

Miles: 1192

Pieces: 160

Weight: 1098

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LINE HAUL RATE	2500.00	
LUMPER FEE	36.40	
TOTAL RATE	2536.40	

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Hours : 0800-1600

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Ref # 7504826271

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will result in additional charges.
*Re-brokering, assigning or interlining of this shipment will void our
obligation to pay*
PLEASE FOLLOW TEMPS ON BOL. If there are any discrepancies between Pickups or
Rate Confirmation, you must contact Capital for instruction
The undersigned hereby acknowledges as correct and accepts the referenced
shipment on behalf of Capital Logistics, LLC.
It is agreed that the charges indicated above include all costs and fees in
connection with the shipment as described.
A minimum of \$100,000.00 cargo insurance is required unless otherwise noted

(Rate Confirmation Details on Next Page)

Carrier Signature Kelly IvanovicDate / /
M D

Send Carrier Bills to the Address Above

PRO # 430996

must appear on all Invoices

PRO # 430996

Rate Confirmation

03/30/25 08:19:33 (EST)



CAPITAL LOGISTICS, LLC
1 GREENWICH OFFICE PARK NORTH
STE 175
GREENWICH CT 06831

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CARLOS RODRIGUEZ
(866) 264-5617 (p)
(914) 931-1750 (f)

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ZIGI FREIGHT INC
(630) 485-7370 (p) Att: KELLY
(630) 485-6980 (f)
MC # 944686 Truck # 715
DOT 2828543 Trailer # W97974
Driver JORELUS Cell # (786) 382-1354

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***** LOAD LOCKS REQUIRED FOR ALL LOADS *****

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Accounting Direct Line: 914-246-0647

****Check Invoices and update loads at <https://cpoj.aljex.com/cpoj/carrier.htm> ***

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Carrier Signature

Date

M

D

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email: POD@cap-log.us

You can check your payment status, check info and due dates online via our carrier portal
(*please contact AP Dept or your broker for your own personal login*)

<https://cpoj.aliexpress.com/cpoj/carrier.htm>

Thank you for your cooperation,
Accounting Department

Carrier Name: _____

Signature (print & sign): _____

Date: _____



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- Vendor must fill out the Vendor ACH form which can be provided by our Accounting Department.
- A **VOIDED CHECK** image must be provided
- E-mail form along with the VOIDED check image to POD@cap-log.us

PAYEE/COMPANY INFORMATION

Entity Name:	
Current Mailing Address:	
Social Security or Taxpayer ID (required):	Contact Person Name:
Telephone:	MC# :
Fax Number:	E-mail Address to send remittance info:


FINANCIAL INSTITUTION INFORMATION

Name:	
Address:	
Nine-digit Routing Transit Number (usually first set of nine-digit numbers at the bottom of check):	
Account Number:	
Type of Account: <div style="text-align: center;">_____Checking _____Savings</div>	
Name of Payee or Authorized Official (please print):	
Signature and Title of Payee or Authorized Official (required):	Date:

Date 03/28/2025

BILL OF LADING

25

Ship From MONOGRAM MEAT SNACKS 2101 E 39th St Sioux Falls, SD 57104		Bill of Lading Number: 0000090414 	
Ship To ALDI JEFFERSON 1597 DRY POND ROAD JEFFERSON, GA 30549		CARRIER NAME: Royal 3 Trailer number: TR W97033 Seal Number(s): 15964809 Freight Quote: Load#:	
THIRD PARTY FREIGHT CHARGES BILL TO ALDI JEFFERSON 1597 DRY POND ROAD JEFFERSON, GA 30549		SCAC: Pro Number:	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3rd Party _____ <input type="checkbox"/> Master Bill Of Lading with attached underlying Bills of Lading	

Customer Order Information

PO / Customer order# / Ramp Order#	# of Packages	Weight	Pallet/Slip (Circle One)		# of Pallets
7504826271 / 608418 / 0000091338	4	938.72	Y	N	4
	0	0.00	Y	N	0
	0	0.00	Y	N	0
	0	0.00	Y	N	0
Grand Totals	4	938.72			

Carrier Information

Handling Unit		Package		Weight	HM (X)	Commodity Description	LTL Only	
Qty	Type	Qty	Type				NMFC	Class
160	CS	160	PL	938.72		212500 SIMMS 50Z 40/PL Under pending quality inspection and		
0		0		0.00				
0		0		0.00				
0		0		0.00				
0		0		0.00				
160		160		938.72		See Attached Supplement for complete list of items		

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 _____		Amount: \$ <u>12,800.00</u>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).		Fee Terms: Collect: Prepaid: Customer check acceptable:	
RECEIVED, subject to individually determined rates or contracts that have been agreed & signed by 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 without payment of freight and all other lawful charges.	
Shipper Signature/Date <u>[Signature]</u> 3/28/25		Carrier Signature/Pickup Date <u>[Signature]</u> 3/28/25	

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 U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pieces	Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Pack Slip



MONOGRAM MEAT SNACKS
2101 E 39th St
Sioux Falls, SD 57104

Order #: 0000091338
Ship Date (Req): 03/28/2025
Cust Ref #: 608418
PO #: 7504826271
Carrier: Royal 3
Carrier Svc:
Trailer #: TR W97033
Seal #: 15964809

Ship To: ALDI JEFFERSON
1597 DRY POND ROAD
JEFFERSON, GA 30549

Bill To: ALDI JEFFERSON
1597 DRY POND ROAD
JEFFERSON, GA 30549

Sku	Batch	Manufacture Date	Pallet ID	QTY	UOM	Weight
Description	Receipt Date		Pallet ID (Original)			
212500	PBO0386233	8-9-2026	9947740	40	CS	234.68
212500 SIMMS 5OZ 40/PLT	20250306		9947740			
212500	PBO0386233	8-9-2026	9947764	40	CS	234.68
212500 SIMMS 5OZ 40/PLT	20250306		9947764			
212500	PBO0386233	8-9-2026	9968875	40	CS	234.68
212500 SIMMS 5OZ 40/PLT	20250306		9968875			
212500	PBO0386233	8-9-2026	9968936	40	CS	234.68
212500 SIMMS 5OZ 40/PLT	20250306		9968936			
Totals				160		938.7200

Notes:

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: Alex Krist

Driver Signature: _____

Gate Pass: _____

Date: 3/30

Time: 12:51 AM

Appointment Time: 1 AM

Unloaded & Signed Out: 3:05 AM

MONOGRAM MEAT SNACKS
2101 E 39th St
Sioux Falls, SD 57104

Pack Slip



Ship To: ALDI JEFFERSON
1597 DRY POND ROAD
JEFFERSON, GA 30549

Bill To: ALDI JEFFERSON
1597 DRY POND ROAD
JEFFERSON, GA 30549

Order #: 0000091338
Ship Date (Req): 03/28/2025
Cust Ref #: 608418
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212500	PBO0386233	8-9-2026	9968875	40	CS	234.68
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Aldi Signature: Alex Krist

Driver Signature: _____

Gate Pass: _____

Date: 3/30

To: _____

From: _____

Appointment Time: 12:51 AM

Unloaded & Signed Out: 1 AM

Print Date: 03/28/2025

SUPPLEMENT TO THE BILL OF LADING

Page 2 of 1

Bill of Lading Number: 0000090414

Customer Order Information

Shipping Info	# PKGS	Total Weight Shipped	PALLET/SLIP (Circle One)	Additional Shipper Info
PAGE SUBTOTAL				

Carrier Information

Handling Unit		Package				COMMODITY DESCRIPTION	LTL Only	
Qty	Type	Qty	Type	Weight	H.M. (X)	Commodities requiring special or additional care or attention in handling or showing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
160	CS	0	PL	938.72		212500 SIMMS 50Z 40/PLT		
160				938.72		TOTAL		

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: Alex Kist

Driver Signature: _____

Gate Pass: _____ Date: 3/30

Time 12:51 am

Check In (Guard): 1 am

Appointment Time: 3:05 am

Unloaded & Signed Out: _____

Performance Freight Group

RoadSync ID: 12548

Tax ID: 81-4346469

Phone: 7063307336

1597 Dry Pond Rd
Jefferson GA, 30549

RS Trans# 6142838

Generated: Mar 30, 2025 2:26 AM EDT

PAID BY	DESTINATION
royal 3 inc 7863821354	PFG A Dock 1597 Dry Pond Rd Jefferson GA, 30549
LINE ITEMS	
(1) Unload 1-12 Pallets	\$35.00
EXTERNAL INVOICE NUMBER	
COMMENTS	
RECEIPT DETAILS	
CLERK	PFG A Dock
PAYMENT METHOD	Self-Checkout / Check
PO Number	7504826271
Time In	217
Dock Door	24
AMOUNT	\$35.00
CONVENIENCE FEE	\$1.40
GRAND TOTAL	\$36.40
ATTACHMENTS	
	
PAID IN FULL	
No Refunds or Returns	