

Federal Motor Carrier**NEW Physical & Mailing Address:**

Delta Carrier Group, Inc

1032 Moen Ave, Suite 2

Service Date: April 05, 2013

Rockdale, IL 60436

**Phone:** (708) 746-4448**ICC MC#** 814259**Fax:** (708) 746-4449**US DOT#** 2372907**Web:** <https://deltacarriergroup.com>**EIN#** 46-1566804**References:**

Company Name:	Phone Number:	Contact Name
Arrive Logistics	(708) 837-9701	Nikki
CH Robinson	(800) 584-6851 x 2164	Josh
Echo Global Logistics	(847) 213-2311	Jordan
Webb Logistics	(615) 400-8195	Mike
Molo Logistics	(224) 290-9208	Philip
Precision Transport	(814) 827-0613 x3	Heather



COMPANY DIRECTORY

Dryvan
6am-3pm: **Phone#** **Ext.** **Fax#** **Group e-mail:**
708-746-4448 2 then 2 708-746-4449 van@deltacarriergroup.com

CSR:	Ext	e-mail:	CSR:	Ext	e-mail:
Ace	220	ace@deltacarriergroup.com	Bobby	206	bobby@deltacarriergroup.com
Dean	209	dean@deltacarriergroup.com	Duke	493	duke@deltacarriergroup.com
Lee	606	lee@deltacarriergroup.com	Hank	323	hank@deltacarriergroup.com
Walter	324	walter@deltacarriergroup.com	Kenny	276	kenny@deltacarriergroup.com

Flatbed
6am-3pm: **Phone#** **Ext.** **Fax#** **Group e-mail:**
708-746-4448 2 then 2 708-746-4449 flatbed@deltacarriergroup.com

CSR:	Ext	e-mail:	CSR:	Ext	e-mail:
Vic	225	vik.pj@deltacarriergroup.com	Eddie	472	eddie@deltacarriergroup.com
Jimmy	221	jimmy@deltacarriergroup.com	Sam	409	sam@deltacarriergroup.com

After Hours
3pm-6am **Phone#** **Ext.** **Fax#** **Group e-mail:**
708-746-4448 2 then 1 708-746-4449 afterhours@deltacarriergroup.com

CSR:	Ext	e-mail:	CSR:	Ext	e-mail:
Junior	418	junior@deltacarriergroup.com	Marcus	472	marcus@deltacarriergroup.com
Bruno	473	bruno@deltacarriergroup.com	Junior & Marcus (3pm-10pm) Bruno (10pm-6am)		

Maintenance
24/7 **Phone#** **Ext.** **Fax#** **Group e-mail:**
708-746-4448 7 708-746-4449 maintenance@deltacarriergroup.com

Safety
6am-4pm **Phone#** **Ext.** **Fax#** **Group e-mail:**
708-746-4448 3 708-746-4449 safety@deltacarriergroup.com

Accounting
6am-4pm **Phone#** **Ext.** **Fax#** **Group e-mail:**
708-746-4448 5 708-746-4449 acc@deltacarriergroup.com

Division	Name	Phone	Fax#	e-mail:
Manager	Marko	708-746-4448 x 204	708-746-4449	marko@deltacarriergroup.com



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
April 05, 2013

CERTIFICATE
MC-814259-C
U.S. DOT No. 2372907
DELTA CARRIER GROUP INC
PALOS HILLS , IL

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CMO



CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

SCAC	DCGC
Assigned Date	Thursday, 27 October 2016
Assigned To	DELTA CARRIER GROUP INC 1032 MOEN AVE SUITE 2 ROCKDALE, IL USA 60436 USDOT # 2372907 MC # 814259
Company Contact	MARK TRPESKI
Expiration Date	Friday, 03 July 2026



SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to <https://scaccode.com>.

To update the company name, address, or contact information affiliated with this SCAC, please fill out and submit your request to NMFTA customer service at <https://nmfta.org/support>.

To update the authority numbers affiliated with this SCAC, please first contact the U.S. Department of Transportation, and then fill out and submit your update request to NMFTA customer service at <https://nmfta.org/support>.

Refer to our Terms of Sale at <https://nmfta.org/terms-of-sale> for additional information regarding our policies governing the handling and administration of a SCAC.

SCACs Ending in "U "

SCACs ending with the letter "U" are reserved for the identification of freight containers. If your SCAC ends with the letter "U", it should only be used for this purpose. A non-U ending SCAC should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

If you participate in the Customs & Border Protection (CBP) ACE program, all SCACs are automatically uploaded to ACE/AES within 24 hours. If you are having issues with your code after 48 hours, please send an email along with a copy of the NMFTA SCAC letter to AMSSCAC@cbp.dhs.gov and askaes@census.gov for review. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>

National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to the participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at (866) 411-6632.

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) DELTA CARRIER GROUP INC	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 1032 MOEN AVE, SUITE 2 6 City, state, and ZIP code ROCKDALE, IL 60436 7 List account number(s) here (optional)	
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

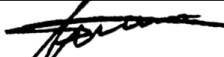
Social security number									
			-				-		
or									
Employer identification number									
4	6		-	1	5	6	6	8	0 4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person 

Date 07/25/2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

8/11/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Svcs LLC-Transp 2021 Spring Road, Suite 200 Oak Brook, IL 60523 312 442-7200		CONTACT NAME: Wendy Van Ness PHONE (A/C, No, Ext): 312 442-7200 E-MAIL ADDRESS: IL-TRUCKREQUESTS@USI.COM FAX (A/C, No): 610 362-8900	
INSURED Delta Carrier Group, Inc. 1032 Moen Ave., Suite 2 Rockdale, IL 60436		INSURER(S) AFFORDING COVERAGE INSURER A : Berkley Insurance Company INSURER B : Hartford Fire Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC #	
		32603	
		19682	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			65059974	03/15/2025	03/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			65059974	03/15/2025	03/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	MOTOR TRUCK CARGO			83MSAC9169	03/15/2025	03/15/2026	\$250,000/\$2,500 DED.
B	TRAILER INTERCHNG			83MSAC9169	03/15/2025	03/15/2026	\$60,000/\$2,500 DED.


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Sample

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Transtar Insurance Brokers, Inc. 5450 E High Street, Suite 300 Phoenix AZ 85054	CONTACT NAME: Anna Maahs PHONE (A/C, No, Ext): 480-579-2500 E-MAIL ADDRESS: serviceteam@transtarinsurance.com FAX (A/C, No): 480-579-2404
INSURED Delta Carrier Group, Inc. 1032 Moen Ave. Suite 2 Rockdale IL 60436	INSURER(S) AFFORDING COVERAGE INSURER A: OBI National Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
DELTCAR-02	NAIC # 14190

COVERAGES**CERTIFICATE NUMBER:** 2001311600**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			406046624	2/1/2025	2/1/2026	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

**For Informational Purposes

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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KNOW YE, THAT

PREMISES ADDRESS & SITE ID # 36592

DELTA CARRIER GROUP INC

DBA: DELTA CARRIER GROUP INC

13769 Main St Unit 201

Lemont , IL 60439

having complied with the necessary provisions of Kentucky law and having produced the satisfactory evidence to the Administrator(s) of the Department of Alcoholic Beverage Control, is hereby granted the following:

Transporter's License (1) , 999-TPL-195642 , EXP 12/31/2025

2025

By law this license does not constitute a property or vested right. These licenses are subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, or until suspension, or revocation, by the Alcoholic Beverage Control Board.

**TEAM
KENTUCKY®**

**PUBLIC PROTECTION
CABINET**

Department of Alcoholic Beverage Control

Maggie Woods

DISTILLED SPIRITS ADMINISTRATOR

Scotty Tracy

MALT BEVERAGE ADMINISTRATOR

January 12, 2022

**Re: DELTA CARRIER GROUP, INC.
MC# 814259**

RE: Remittance Address

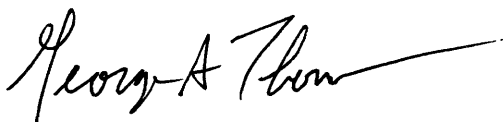
Please be advised that Advance Business Capital LLC d/b/a Triumph Business Capital no longer has a security interest in the invoice payments of the Company. Therefore, you are requested to **remit all future invoice payments as directed by Company/Carrier.**

This letter is your official and legally binding release of invoice payments due Triumph Business Capital, as signed by an officer of requisite authority.

We thank you in advance for your past and future cooperation regarding this matter.

Sincerely,

ADVANCE BUSINESS CAPITAL LLC



George A. Thorson
President





NEW PAYMENT INFORMATION

Please choose one of the following methods of payment for Delta Carrier Group, Inc

If you have any questions please contact accounting@deltacarriergroup.com

WE ACCEPT THE FOLLOWING PAYMENT METHODS:

☐ ACH Payment ☐ Zelle ☐ TriumphPay ☐ E-pay ☐ Truckstop

- **ACH Payment**

Account #: **595512661**

ABA Routing #: **071000013**

Bank name: **Chase bank**

Bank Address: **14 S La Grange Rd**

Bank City: **La Grange** State: **IL** Zip: **60525**

Accounting company contact: anita@deltacarriergroup.com

Phone: 708-746-4448 ext. 214

- **Zelle** Email: accounting@deltacarriergroup.com

- **TriumphPay portal**

<https://secure.triumphpay.com/>

- **Epay portal**

<https://www.epaymanager.com/>

- **Truckstop portal**

<https://pay.truckstop.com/>

Road Legends REQUIREMENTS:

1. Remittance should be sent electronically to accounting@deltacarriergroup.com
2. Payment is due within 30 days of receiving Invoice