

**Bill to:**

MAGELLAN TRANSPORT LOGISTICS
2511 St Johns Bluff Road, Suite 107,
Jacksonville,
FL,
32246

Invoice Date: 01/15/2024

Invoice #: 1309416

Terms: NET 30

Due Date: 02/15/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/12/2024		317 Zane Snead Drive, Amherst, VA, USA - 1101 W Easy St, Rogers, AR, USA			
			1	\$1,950.00	\$1,950.00

TOTAL
\$1,950.00

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



MAGELLAN Transport Logistics

Bill To Information

Please send invoices and backup information to:
Email: accounting@magellanlogistics.com
Fax: 866-728-9147

Sent By:

Hunter Southworth
Email: hsouthworth@magellanlogistics.com
Phone: (904) 580-3400
Fax:
Office TX

REVISED

Rate/Route Confirmation for Zigi Freight, Inc. \$1,950.00

Shipment Details				
Shipment #	1309416	Carrier Miles	1054	
		Pallet Count	60	
Cust Ref/PO #		Eq Type	53' Van	Temperature -
Todays Date	1/12/2024 10:05	Eq ID		
Description of Merch:	retail goods 4450.00 Pieces @ 43666.00 Pounds			

Carrier Details				
Carrier	Zigi Freight, Inc.	Driver Name	Aleksander (973) 866-8402	
MC	944686	Dispatch Phone	(630) 485-7370	
DOT #	2828543	Fax		
SCAC		Carrier Ref		

Stop Details						
Stop Type	Pcs/Type/Wt	Address	Appt Date	Appt Time	PU/Deliv #	
1 Pickup	4450 Pieces 43666 lbs	GLAD MANUFACTURING COMPANY 317 ZANE SNEAD DRIVE AMHERST, VA, 24521 PN: 1	1/12/24	16:00	Driver MUST call Magellan for Dispatch	
2 Delivery	4450 Pieces 43666 lbs	ROGERS DPS - POST 1101 W EASY ST ROGERS, AR, 72756 PN: (479) 246-6225	1/15/24	10:00		

Shipment Line Items				
Pcs/Type	Pallets	Weight	STCC	Description
4450 Pieces	60	43666 lbs		retail goods

Carrier Rate Agreement						
Item #	Charge Description	Unit Price	Unit Type	Unit Quantity	Rate	Note
1	Linehaul	\$1,650.00	Flat Rate	1	\$1,650.00	
2	GPS Load Tracking	\$300.00	Flat Rate	1	\$300.00	
Total:					\$1,950.00	

Shipment Notes	
Customer Note	<ul style="list-style-type: none"> - Shipper may load to legal weight - The customer has the right to track this shipment via GPS transmitter or other similar technologies - **If load is delivering to Costco, Target, Walmart, or Sam's Club, Amazon trailers will be rejected. - Missed delivery appts are subject to a \$250 late fee. Missed delivery appts with Amazon, Costco, Walmart, Sam's Club, Kroger, Target, Dollar General are subject to \$500 late fee. - Detention will be paid at \$25/hour after two free hours. Approved layovers are \$200/day. - Tracking is mandatory throughout the entire shipment. Failure to maintain tracking may result in \$300 deduction from load

Terms of Agreement	
<p>1. Carrier shall be prohibited from using other motor carriers, brokers, or "substituted services" which includes but not limited to double brokering, rail, and partial unless approved by Magellan. Magellan will not compensate Carrier for shipments on which Carrier has utilized other motor carriers, brokers, or any substituted services for Shipper's Goods. Any broken/damaged seal, transload, or use of substitute service without prior approval from Magellan or Law Enforcement will result in 100% forfeiture of payment and a \$2,500 fine to the Carrier</p> <p>2. GPS tracking is required via FourKites or Macropoint. Failure to accept and comply throughout shipment to delivery could result in a deduction of \$300. Load must track the entirety of the shipment with GPS. Drivers are required to keep the tracking app open at all times. Closing the application, low battery mode, and airplane mode all stop tracking. Must ensure mobile data and GPS/Location Services are switched on and set to Always Allow.</p> <p>3. Carrier Agrees with the Above Rate Confirmation for Said Movement and Any Further Changes Must be Called and Documented With a New Rate Confirmation to Acknowledge Acceptance of Charges.</p> <p>4. All drivers must call Magellan to Receive Pick Up #</p> <p>5. Pick-up dates and hours will not require carrier to violate HOS regulations. Routing instructions, if any, are for informational purposes only.</p> <p>6. Payment by Magellan Will Be Made Within 30 Days of Receipt of: Invoice with Magellan Load # and/or Customer Reference number on it, Bill of Lading, Proof of Delivery, and Any Pre-Approved Accessorial Charges.</p> <p>7. Missed pick-ups/deliveries are subject to late fees</p> <p>8. All Lumper receipt's must be turned in within 2 business days of the shipment being delivered or risk possibility of not being reimbursed. POD must be turned in within 5 days of shipment delivery or a late fee of \$150 will be charged.</p> <p>9. POD must be notated with in and out times notated to be eligible for detention</p> <p>10. Damages or missing freight must be reported – any failure to do so can result in a deduction</p>	

11. All Drivers Must Check Call For Following Events: Arrival at Shipper, Loaded at Shipper, Daily Location Update by 9am, Arrival at Destination, Unloaded at Destination

Zigi Freight, Inc.

6850 W 63RD STREET, CHICAGO, IL (If this is not your information, notify dispatch immediately)

Signature _____ Date _____
Magellan Transport Logistics, Inc.

Signature _____ Date _____
Zigi Freight, Inc.

******GET PAID NOW***DON'T WAIT 30 DAYS******

MAGELLAN TRANSPORT LOGISTICS AND MAGELLAN TRANSPORT INC. WILL ISSUE QUICK PAY VIA COMCHECK IF FOLLOWING CRITERIA ARE MET: QUICK PAY IS REQUESTED UPON BOOKING; CARRIER HAS COMPLETED AND RETURNED RAPID PAY FORM; UPON DELIVERY, POD AND INVOICE SENT TO MAGELLAN; CARRIER HAS SUCCESSFULLY DELIVERED AND BEEN PAID ON 1 PREVIOUS LOAD; AND APPROVAL HAS BEEN RECEIVED FROM VERIFIED EMAIL. NO APPROVAL FROM VERIFIED EMAIL – NO COD COST IS 5% (MINIMUM \$20) OF INVOICE, EXCLUDING ACCESSORIALS; WE WILL ISSUE A COMCHECK AS SOON AS PAPERWORK IS VERIFIED; CALL BOOKING DISPATCHER TO SET UP PAYMENT UPON DELIVERY. APPROVAL WILL STILL BE DETERMINED ON A CASE-BY-CASE BASIS AT THE SOLE DISCRETION OF MAGELLAN.



MAGELLAN Transport Logistics

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Fax: 866-728-9147

Sent By: Ben Miller

Email: bmiller@magellanlogistics.com

Phone: (904) 580-3400

Fax:

Office: TX

Rate/Route Confirmation for Zigi Freight, Inc. \$1,950.00

Shipment Details

Shipment #	1309416	Pallet Count	60	Carrier Miles	1054
Cust Ref/PO #		Eq Type	53' Van	Temperature	-
Todays Date	1/11/2024 11:28	Eq ID			
Description of Merch:	retail goods 4450.00 Pieces @ 43666.00 Pounds				

Carrier Details

Carrier	Zigi Freight, Inc.	Driver Name	Aleksander (973) 866-8402	George
MC	944686	Dispatch Phone	(630) 485-7370	
DOT #	2828543	Fax		
SCAC		Carrier Ref		

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Stop	Type	Pcs/Type/Wt	Address	Appt Date	Appt Time	PU/Delv #
1	Pickup	4450 Pieces 43666 lbs	AMHERST, VA, 24521	1/12/24	16:00	Driver MUST call Magellan for Dispatch
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 - Missed delivery appts are subject to a \$250 late fee. Missed delivery appts with Amazon, Costco, Walmart, Sam's Club, Kroger, Target, Dollar General are subject to \$500 late fee.
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Zigi Freight, Inc.
6850 W 63RD STREET, CHICAGO, IL (If this is not your information, notify dispatch immediately)

Signature _____ Date _____
Magellan Transport Logistics, Inc.

Signature George Pavlovic Date 01/11/2024
Zigi Freight, Inc.

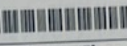
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Date: 01/12/2024

BILL OF LADING

Page 1 of 1

SHIP FROM		Bill of Lading Number: 00446008747393278	
Name:	THE CLOROX SALES CO	CARRIER NAME:	MAGELLAN TRANSPORT LOGIS
Address:	317 ZANE SNEAD DRIVE	Trailer number:	H03234 LL
City/State/Zip:	AMHERST, VA, 24521	Seal number(s):	35121
SID #:	874739327	FOB:	<input checked="" type="checkbox"/>
SHIP TO		SCAC: MGXB	
Name:	ROGERS DPS/PPC WHSE - POST	Pro number: 1309416	
Address:	1101 WEST EASY STREET		
City/State/Zip:	ROGERS, AR, 72756	Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)	
CID #:		Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd. Party: <input type="checkbox"/>	
BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Name:	Clorox Freight Payables		
Address 1:	C/O TRANSPLACE		
Address 2:	PO BOX 425		
City/State/Zip:	LOWELL, AR 72745		
SPECIAL INSTRUCTIONS:			
MABD:			
RAD: 01/15/2024			
Driver must report any over, short, damaged or refused product at the time of delivery, by calling 833-220-1786.			
Delivery Appointment: 01/15/2024; 10:00			

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALL/SLIP	Destination	PO Type	Department #
	4,162	38,241	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
GRAND TOTAL		4162	38241			
CARRIER INFORMATION					LTL ONLY	
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC #	CLASS
QTY TYPE	QTY TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360		
58 CH	4,162 CS	38,241 3,770		Bags, envelopes, Packets, Pouches Pallets	20480 03 150390SUB4	60 70
GRAND TOTAL		58	4162	42011		
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: 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(1)(A) and (B)

RECEIVED, subject to the Transportation Contract or rate agreement in effect between Shipper and Contract Carrier (the word Contract Carrier being understood through this Bill of Lading as meaning the motor carrier, forwarder, broker or other intermediary that has obligated itself to transport the freight from origin to destination), on the date of issue of this Bill of Lading, the property described below in apparent good order and condition, except as noted. This bill is a receipt for goods; it is not itself a contract or carriage. It is mutually agreed between Shipper and Contract Carrier as well as any person or company otherwise authorized to be in possession of the property during transportation that the services to be performed will be subject to all of the terms and conditions contained in the Transportation Contract or rate agreement, and no other document. The Contract Carrier agrees to this for itself and its subcontractors, agents and assigns. The weights are certified by the Shipper to be true and accurate.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE/DATE
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.

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 documentation in the vehicle.

Property described above is received in good order, except as noted.

Date: 01/12/2024

BILL OF LADING

Page 1 of 1

SHIP FROM				Bill of Lading Number: 00446008747393278			
Name: THE CLOROX SALES CO Address: 317 ZANE SNEAD DRIVE City/State/Zip: AMHERST, VA, 24521 SID #: 874739327				CARRIER NAME: MAGELLAN TRANSPORT LOGIS Trailer number: H03234 LL Seal number(s): 35121			
SHIP TO				SCAC: MGXB Pro number: 1309416			
Location #: Name: ROGERS DPS/PPC WHSE - POST Address: 1101 WEST EASY STREET City/State/Zip: ROGERS, AR, 72756 CID #:				Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd. Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			
BILL TO:							
Name: Clorox Freight Payables Address 1: C/O TRANSPALACE Address 2: PO BOX 425 City/State/Zip: LOWELL, AR 72745							
SPECIAL INSTRUCTIONS: MABD: RAD: 01/15/2024 Driver must report any over, short, damaged or refused product at the time of delivery, by calling 833-220-1786. Delivery Appointment: 01/15/2024; 10:00							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALL/SKIP		ADDITIONAL SHIPPER INFO Destination PO Type Department #	
		4,162	38,241	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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CARRIER INFORMATION							
HANDLING UNIT		PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE		Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360		NMFC # CLASS
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SHIPPER SIGNATURE/DATE 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.				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	
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 documentation in the vehicle.				Property described above is received in good order, except as noted.			