



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

Invoice Date: 02/11/2024
Invoice #: 1326069
Terms: NET 30
Due Date: 03/11/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
02/10/2024		1700 DIGITAL DRIVE CHARLOTTE, VA 23836 - Kroger Company Salem 3800 GARMA ROAD SALEM, VA 24153			
			1	\$650.00	\$650.00

TOTAL
\$650.00

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: David Trummel
Email: dtrummel@magellanlogistics.com
Phone: (904) 441-0700
Fax:
Office: MI

REVISED

Rate/Route Confirmation for Riki Transportation Inc \$650.00

Shipment Details			
Shipment #	1326069	Carrier Miles	178
		Temperature	-
Cust Ref/PO #		Eq Type	53' Van
Todays Date	2/9/2024 14:37	Eq ID	
Description of Merch:	FOOD GRADE 0.00 Other @ 43500.00 Pounds		

Carrier Details			
Carrier	Riki Transportation Inc	Driver Name	jose (786) 337-1389
MC	086875	Dispatch Phone	(708) 303-5152
DOT #	3119062	Fax	
SCAC		Carrier Ref	

Stop Details						
Stop	Type	Pcs/Type/Wt	Address	Appt Date	Appt Time	PU/Deliv #
1	Pickup	0 Other 43500 lbs	NIAGARA 1700 DIGITAL DRIVE CHESTER, VA, 23836	2/10/24	14:00	Driver MUST call Magellan for Dispatch
2	Delivery	0 Other 43500 lbs	Kroger Company Salem 3800 GARMAN ROAD SALEM, VA, 24153 PN: (540) 375-4161	2/11/24	07:00	

Shipment Line Items				
Pcs/Type	Pallets	Weight	STCC	Description
0	0	43500 lbs		FOOD GRADE

Carrier Rate Agreement						
Item #	Charge Description	Unit Price	Unit Type	Unit Quantity	Rate	Note
1	Linehaul	\$500.00	Flat Rate	1	\$500.00	
2	GPS Load Tracking	\$150.00	Flat Rate	1	\$150.00	
Total:					\$650.00	

Shipment Notes	
Customer Note	- *** Detention is FREE for the first 3 hours, then \$25 per hour with a MAX of \$150 - ****Food Grade Trailer***** FIBER GLASS roof will have to be approve by Magellan.

Terms of Agreement	
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	
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.	
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.	
4. All drivers must call Magellan to Receive Pick Up #	
5. Pick-up dates and hours will not require carrier to violate HOS regulations. Routing instructions, if any, are for informational purposes only.	
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.	
7. Missed pick-ups/deliveries are subject to late fees	
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.	
9. POD must be notated with in and out times notated to be eligible for detention	
10. Damages or missing freight must be reported – any failure to do so can result in a deduction	
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	

Riki Transportation Inc
8225 LECLAIRE AVE, BURBANK, IL (If this is not your information,
notify dispatch immediately)


Signature _____ Date _____
Magellan Transport Logistics, Inc.

Signature Steve Tatum Date 02/09/2024
Riki Transportation 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.

Date: 02/10/24 02:25 PM EST		BILL OF LADING		Page 1 of 1				
SHIP FROM			Bill of Lading Number: 35485769					
Name: RCH			Master Bill of Lading Number: 55896401					
Address: 1700 Digital Drive			Customer PO#: 94399					
City/State/Zip: Chester, VA 23836			Reference #: 94399					
SID#: 55896401 FOB: <input type="checkbox"/>			Delivery #: 35485769					
			Shipment #: 55896401					
SHIP TO			CARRIER DETAILS					
Name: KROGER NASHVILLE - RASC			Carrier Name: KROGER DC SALEM MGXB					
Location #:			Address: 8505 BAY CENTER RD					
Address: 3800 GARMAN RD			City/State/Zip: JACKSONVILLE FL 32256					
City/State/Zip: SALEM, VA 24153			SCAC: KRG6 Pro number:					
CID#: FOB: <input type="checkbox"/>			Trailer number: 94933					
Customer Phone:			Seal Number 18978453					
Freight Charge Terms: <small>(freight charges are prepaid unless marked otherwise)</small> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> Customer Pick Up <input type="checkbox"/> 								
POD INSTRUCTIONS: Carrier FAX (909) 494-4456 Or Email To : Orders@niagarawater.com								
Customer Order Information								
Qty Order	Bottles Shipped	Cases Shipped	Pallets Shipped	SKU	Customer Item ID	Item Description	UPC Code	Weight
912	36480	912	19	KRG05L40PDRGP N	22489	05L.DR.KROGER.40P.N.48. GP	001111009855	42864 lbs
Totals								
912	36480	912	19					42864 lbs
All overages, under and damage issues/refusals must be populated on this document and communicated via FAX confirmation of POD to (909) 494-4456						Receiving Stamp:		
CARRIER								
CARRIER SIGNATURE/PICKUP DATE				If the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Consignor Signature _____ Date _____		FACILITY CHECKOUT		
<i>Property described above is received in good Order, except as noted.</i> Print Name: Jose del toro						Appt Time: 02/10/24 02:00 PM EST Check In Time: 02/10/24 12:38 PM EST Check Out: 02/10/24 02:25 PM EST Delivery Time: 02/10/24 04:45 PM EST Driver Name: Jose del toro Driver Initials: <i>Jose del toro</i> NBL Initials: _____		
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.				COD Amount: \$ _____ LTL ONLY		NMFC # 0 CLASS _____		
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.								
CARRIER INSTRUCTIONS								
Driver: Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909-230-4486 for assistance.								

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Location #: 3800 GARMAN RD		Address: 8505 BAY CENTER RD						
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City/State/Zip: SALEM, VA 24153		SCAC: KRG6 Pro number:						
CID#: FOB: <input type="checkbox"/>		Trailer number: 94933						
Customer Phone:		Seal Number: 18978453						
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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.								
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