

## Bill to:

McLeod Logistics

- ,
- ,

Terms: NET 30 Due Date: 04/17/2024

Invoice Date: 03/17/2024

Invoice #: 1124943

Date
Customer Ref #
Origin - Destination
Quantity
Rate
Amount

03/15/2024
1600 North First Ave, EVANSVILLE, IN 47710 - 21 Inland Pkwy, GREER, SC 29651
Image: Constant of the second s

## TOTAL

\$1,300.00

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



Trailer must be clean, dry, and odor-free. Please have driver call 855-241-3100 for dispatch. If carrier/driver fails to report detention within the first 2 hours of occurrence, detention compensation will be denied. In addition, IN and OUT times need to be notated on BOL with a legible customer signature. The original seal must be on the trailer upon delivery to avoid rejection and/or future claim and if original seal is not intact and load is rejected, carrier is responsible for full contents of load. Driver must check in under MCLEOD on ALL loads.

- Carrier acknowledges that Shipper's insertion of McLeod Logistics or McLeod Express name on the bill of lading, freight tender, or any other document shall be for Shipper's convenience only and shall not change McLeod Logistics status as a transportation broker. In the event Broker's name is listed on the bill of lading, shipping manifest or other similar document, as the carrier, Carrier shall cross-out or otherwise remove Broker's name and enter Carrier's name as applicable. Invoice must include McLeod load number and a signed copy of the BOL or POD.
- Lumpers will be reimbursed with a valid receipt as long as lumper is reported within 24 HR. If a receipt is not submitted, carrier will not be reimbursed and/or freight bill will be deducted by that amount.
- Invoices can be mailed to P.O. Box 1368, St Louis, MO 63188 or e-mailed to accounting@mcleodlogistics.com

## \*Thank you for your business\*

McLeod Logistics LLC PO Box 1368 St. Louis, MO 63188 (855) 241-3100 <u>www.mcleodexpress.com</u>



**McLeod Logistics** 1001 Craig Rd. Ste. 352 St. Louis, MO 63146 - - - - -

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855-241-3100 888-237-5655			r.	Load Confirmation				1124943
Carrier: Date:	BRZ BURBANK 03/14/2024		IL 60459			Contact: Phone: Fax:	john (708) 303-5150	
Order	Orde Miles Temj BOL	s: 477. p:	1124943 477.0 <b>25209171</b>			Commodity: Weight: Trailer: Reference:	Freight All Kinds 42000.0 Van (DAT)	
	PU 1	Name: Address:	Bootz MFG 1600 North First EVANSVILLE	Ave IN	47710	Date: Driver Loa	03/15/2024 1200 ad: No driver loading o	r unload
		Reference	erence number:		25209171			
		Reference	number:	PO	259479756			
	SO 2	Name: Address:	Lowes Duncan S 21 Inland Pwky GREER		29651	Date:	03/17/2024 0600	
		Reference		AP	02031724A	Driver Loa 00273	ad: No driver loading o	runioad
Payment		Carrier Fr	eight Pay:		\$1,300.00			
		Total Car	rier Pay:		\$1,300.00			

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded. Special instructions:

Please Sign: John Djordjevic

(X) Accept

() Decline

Attention:

Jim Barnes (855) 241-3100 logistics@mcleodlogistics.com Driver Name: Revenet 786-389-9289 Driver Cell: Driver Email: 826 Tractor #: 251824 Trailer #:



American Bath Group 1600 N First Ave Evansville, IN 47710 TEL: 812-423-5019 FAX: 812-423-6981

SHIPTO

2BRL3461 LOWES DUNCAN 21 INLAND PKY DUNCAN, SC 29334



SOLD TO

ZLOW01 LOWES COMPANIES P.O. BOX 11110-028656 MOORESVILLE, NC 28117

PRO# 25209171

	PAGE 1
B.O.L. NUMBER	SHIP DATE
715723	3/15/24
CARRIER	TRAILER NO.
MCLEOD EXPRESS TL	251824
F.O.B	LOAD NO.
ORIGIN	ORDER NO.
PURCHASE ORDER	
259479756	630423
FREIGHT COLLECT	

EM	PART NUMBER	DESCRIPTION	ORDER QTY	BACKORDER QTY	UOM	SHIP QTY
1	3492117 CPT: 3492117	NEXTILE TUB 4PC WALL SET	16	0	EA	16
2	3492118 CPT: 3492118	NEXTILE SHOWER 4PC WALL SET	18	0	EA	18
3	3492121 CPT: 3492121	TUB 5' RH S/R WHITE PRO-FIT	36	0	EA	36
4	3492122 CPT: 3492122	TUB 5' LH S/R WHITE PRO-FIT	36	0	EA	36
		INSTRUCTION	S/REMARK	s		
		Appointment: 1200.				
		In: Out:				
				No. of Concession, Name		
	Alex Month	RESIDENTIAL UNITS 106.00000 UNLESS NOTED, SHIPMENT IS		IN GOOD COND:	LTION.	COLLECT
	SHIPPER SIGNATURE 3/15/24	CARRIER SIGNATURE 3/15/24		ONSIGNEE SIGNATUR	RE	SEAL: 0060
DLI	NG UNITS: 26	GROSS WEIGHT 13141 LB		175 NME	C 158260	
-				TID NUE	130200	

