



INVOICE

BILL TO:

MAGELLAN TRANSPORT LOGISTICS INC
8505 BAYCENTER RD
JACKSONVILLE, FL 32256

INVOICE DATE: 11/27/2024**INVOICE #:** B67180**TERMS:** NET 30**DUE DATE:** 12/27/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/26/2024		390 Moorefield Industrial Park Road, Moorefield, WV, 26836 - 2800 Enterprise Street, Indianapolis, IN, 46219			
		Freight Income	1	\$900.00	\$900.00

TOTAL

\$900.00

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: John Miller

Email: jmiller@magellanlogistics.com

Phone: (904) 586-4386

Fax:

Office: PA

Rate/Route Confirmation for Riki Transportation Inc \$900.00

Shipment Details			
Shipment #	1533778	Carrier Miles	485.13
		Temperature	-
Cust Ref/PO #		Pallet Count	0
Todays Date	11/26/2024 10:09	Eq Type	53' Van
Description of Merch:	Paper bags 2352.00 Cases @ 38346.00 Pounds	Eq ID	

Carrier Details			
Carrier	Riki Transportation Inc	Driver Name	Milton (781) 535-1274
MC	086875	Dispatch Phone	(708) 303-5150
DOT #	3119062	Fax	
SCAC		Carrier Ref	Conner

Stop Details						
Stop Type	Pcs/Type/Wt	Address	Appt Date	Appt Time	PU/Deliv #	Service Type
1 Pickup	2352 Cases 38346 lbs	METTLER PACKAGING 390 MOOREFIELD INDUSTRIAL PARK ROAD MOOREFIELD, WV, 26836 ATTN: 0730-1530 PN: 000	11/26/24	13:30 - 13:30	Driver MUST call Magellan for Dispatch	Live
2 Delivery	2352 Cases 38346 lbs	CVS-INDIANAPOLIS 2800 ENTERPRISE STREET Indianapolis, IN, 46219	11/27/24	08:00 - 08:00	IND0002854	Live

Shipment Line Items				
Pcs/Type	Pallets	Weight	STCC	Description
2352 Cases	0	38346 lbs		Paper bags

Carrier Rate Agreement						
Item #	Charge Description	Unit Price	Unit Type	Unit Quantity	Rate	Note
1	Linehaul	\$600.00	Flat Rate	1	\$600.00	
2	GPS Load Tracking	\$300.00	Flat Rate	1	\$300.00	
Total:					\$900.00	

Shipment Notes	
Customer Note	- Detention will begin after 2 hrs from the appointment time as long as you arrived on time and you must notify us 30 minutes prior to going into detention. Rate is \$25 per with max of 6hrs

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. 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.	
8. POD must be notated with in and out times notated to be eligible for detention	
9. Damages or missing freight must be reported - any failure to do so can result in a deduction	
10. 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	
11. Missed pick-ups/deliveries may be subject to late fees up \$250/day	

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

Signature Luke Miche Date _____
Magellan Transport Logistics, Inc.

Signature _____ Date _____
Riki Transportation Inc

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

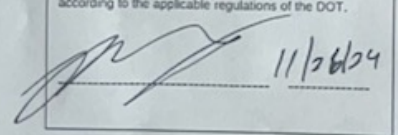
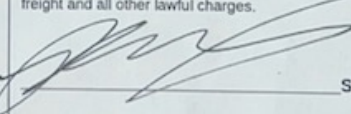
MAGELLAN TRANSPORT LOGISTICS AND MAGELLAN TRANSPORT INC. WILL ISSUE QUICK PAY VIA COMCHECK IF FOLLOWING CRITERIA ARE MET: QUICK PAY IS REQUESTED UPON BOOKING; CARRIER HAS COMPLETED AND RETURNED RAPID PAY FORM; UPON DELIVERY, POD AND INVOICE SENT TO MAGELLAN; CARRIER HAS SUCCESSFULLY DELIVERED AND BEEN 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.

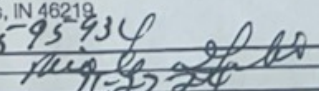


Date: 22 Nov 2024

BILL OF LADING

Page 1

SHIP FROM								
Name:	METTLER PACKAGING							
Address:	390 MOOREFIELD INDUSTRIAL PARK ROAD							
City/State/Zip:	MOOREFIELD, WV 26836							
SID#:	SUP 30579 26836 01							
SHIP TO								
Name:	CVS-INDIANAPOLIS							
Address:	2800 ENTERPRISE STREET							
City/State/Zip:	INDIANAPOLIS, IN 46219							
CID#:								
THIRD PARTY FREIGHT CHARGES BILL TO:								
Name:	CVS Health							
Address:	1 CVS Drive							
City/State/Zip:	Woonsocket, RI 02895							
Special Instructions:	Critical Item - STA updated to Dec 3rd							
Bill of Lading Number:	LD002772806							
Quote #:								
CARRIER NAME:	MAGELLAN TRANSPORT							
Trailer Number:								
Seal Number(s)	766863							
SCAC:	MGXB							
Pro Number:	LD002772806							
Services:								
Freight Charge Terms:	(freight charges are prepaid unless marked otherwise)							
Prepaid	Collect	X	3rd Party					
PC NUMBER(s):	4595934,							
<input type="checkbox"/> Master Bill of Lading: with attached Underlying Bills of Lading								
CUSTOMER ORDER INFORMATION								
PURCHASE ORDER NUMBER	# CASES		PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO			
4595934 - 982827	1176.0		Y N		PRESC BAGS CVS			
GRAND TOTAL								
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION/ SPECIAL INSTRUCTIONS			LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	DIMS	H.M. (X)	NMFC #	CLASS
42.0	PLT	1176.0	CAS	38346.0	48.0 X 40.0 X 46.0 in			70.0
Paper bags								
GRAND TOTAL								
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 is this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).								
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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.							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.  11/26/24							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. 	

CVS Pharmacy - Indianapolis
2800 Enterprise Street
Indianapolis, IN 46219PO# 45-95934
Receiver 
Date 11-25-24
Carton Count 571-1176
Comment below (over/short/damage)



Date: 22 Nov 2024

BILL OF LADING

Page 1

SHIP FROM

Name: METTLER PACKAGING
Address: 390 MOOREFIELD INDUSTRIAL PARK ROAD
City/State/Zip: MOOREFIELD, WV 26836
SID#: SUP 30579 26836 01

Bill of Lading Number: LD002772806

Quote #:

SHIP TO

Name: CVS-INDIANAPOLIS
Address: 2800 ENTERPRISE STREET
City/State/Zip: INDIANAPOLIS, IN 46219
CID#:

CARRIER NAME: MAGELLAN TRANSPORT
Trailer Number:
Seal Number(s) 766863

SCAC: MGXB
Pro Number: LD002772806

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: CVS Health
Address: 1 CVS Drive
MC 5035
City/State/Zip: Woonsocket, RI 02895

Services:

Special Instructions:
Critical Item - STA updated to Dec 3rd

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect ☒ 3rd Party

PC NUMBER(s): 4595934,

☒ Master Bill of Lading: with attached
(check box) Underlying Bills of Lading

CUSTOMER ORDER INFORMATION

PURCHASE ORDER NUMBER	# CASES	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
4595934 - 982827	1176.0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	PRESC BAGS CVS
GRAND TOTAL			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE					COMMODITY DESCRIPTION/ SPECIAL INSTRUCTIONS	LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	DIMS	H.M. (X)	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 350	NMFC #	CLASS
42.0	PLT	1176.0	CAS	38346.0	48.0 X 40.0 X 46.0 in		Paper bags		70.0
				GRAND TOTAL					

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: ☐ Prepaid: ☒Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage is this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

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

Shipper Signature

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 sold 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.

CVS Pharmacy - Indianapolis
2800 Enterprise Street
Indianapolis, IN 46219

PO# 4595934
Receiver *[Signature]*
Date 11-22-24
Carton Count 571-1176
Comment below (over/short/damage)