



## INVOICE

**BILL TO:**

MCCLAIN & ASSOCIATES LTD  
2458 OLD DORSETT RD STE 250  
MARYLAND HEIGHTS, MO 63043

**INVOICE DATE:** 06/20/2025**INVOICE #:** R96595**TERMS:** NET 30**DUE DATE:** 07/20/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/18/2025		1 UPS Way, Champlain, NY 12919, USA - 30119 Research Dr, New Hudson, MI 48165, USA			
		Freight Income	1	\$1,500.00	\$1,500.00
		Layover	1	\$250.00	\$250.00

**TOTAL**

\$1,750.00

**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**

# Shipping Instructions & Rate Confirmation

## Bill To:

McClain & Associates Ltd.  
2458 Old Dorsett Rd., Ste. 250  
Maryland Heights, MO, 63043, US  
Phone: (636) 896-0085  
Email: accountspayable@mcclainltd.com



Order #: CASES11184201

Pickup Date: 06/18/2025

Mode: Truckload

PRO #: CASES11184201

Carrier	Carrier Phone	Carrier Fax	Equipment	Total Amount
ZIGI FREIGHT INC MC944686	(630) 485-7370		53' Van	\$1,500.00 USD
<b>Carrier Note</b>				
*** Driver Must be on MacroPoint for the entire trip. This requires the driver to have Location Services set to "Always Allow" for the MacroPoint For Truckers app, or the carrier needs to be ELD integrated with MacroPoint. There will be 2 warnings given before a \$100 deduction is applied to the rate confirmation. ***				

Broker Contact Name	Broker Contact Phone	Broker Contact Email
Derek Nehring	(636) 896-0085	derek@mcclainltd.com

<b>Pickup / Origin</b>		
Plasticase/UPS Supply Chain 1 UPS Way Champlain, NY, 12919, US		Shipping Phone: 518-298-8000
<b>Appointment/Hours</b>		<b>Special Services</b>
Pickup Appointment: 06/18/2025 Dock Hours: between 8:00 and 14:00 Location: Rear		None Selected
Weight	# Units	Freight Description
7,390 lbs	15	Plastic Cases
<b>Special Instructions:</b> *** Driver should reference Nanuk order # ORD2508856 upon pick-up.		<b>PO #:</b> PO109712 <b>Shipper Info:</b> ORD2508856

<b>Delivery</b>		
Knowink c/o All Covered 30119 Research Dr. New Hudson, MI, 48165, US		Chance Paul Phone: 248-513-0103
<b>Appointment/Hours</b>		<b>Special Services</b>
Must Deliver On 06/19/2025 Dock Hours: between 8:00 and 16:00 Location: Rear		None Selected
Weight	# Units	Freight Description
7,390 lbs	15	Plastic Cases
<b>Special Instructions:</b>		<b>PO #:</b> PO109712 <b>Shipper Info:</b> ORD2508856

**Payment:** Line Haul: \$1,500.00, Special Services: \$0.00, Fuel Surcharge: \$0.00, **TOTAL: \$1,500.00 USD**

## Terms:

THIS RATE CONFIRMATION IS SUBJECT TO THE TERMS OF THE MCCLAIN & ASSOCIATES BROKER CARRIER AGREEMENT ("Agreement") PREVIOUSLY EXECUTED BETWEEN OUR COMPANIES AND BECOMES AN ADDENDUM TO THE TERMS OF THAT AGREEMENT. WE AGREE TO PAY THE RATES AND CHARGES SHOWN ABOVE AND NO DIFFERENT TARIFF RATE OR SCHEDULE OF RATES APPLY. THIS LOAD CONFIRMATION IS INCLUSIVE OF ALL CHARGES, UNLESS ORAL AND WRITTEN OBJECTIONS ARE MADE TO ITS TERMS, AT THE EARLIER OF WITHIN TWENTY-FOUR (24) HOURS OF RECEIPT OR PRIOR TO WORK BEING

INITIATED. BY SIGNING THIS RATE CONFIRMATION, YOU HAVE AGREED TO THESE TERMS.

Signed in/out times and all accessorial or lumper receipts must be submitted within 24 hours or related fees will not be reimbursed. Carrier's motor vehicle equipment shall be dedicated to McClain & Associates' exclusive use while transporting the freight tendered pursuant to the Agreement and this Load Confirmation. Carrier's violation of this requirement shall result in Carrier's forfeiting its right to be paid for the transportation services agreed to by the Load Confirmation and may result in a claim pursuant to the Agreement. Carrier will provide an amount of cargo insurance coverage sufficient to cover the loss or damage of any commodities and cargo carried. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried on this shipment. If Carrier's cargo insurance policy contains a schedule of covered vehicles, Carrier will not transport any cargo on this shipment using a vehicle that is not listed as a scheduled vehicle on Carrier's cargo insurance policy. Trailer must be clean, dry and odor free. Food grade trailer is required for all food shipments and Carrier must be in full compliance with the Food Safety Modernization Act (FMSA) if applicable. Driver must make sure trailer is sealed and document the seal number. THE SEAL MUST BE INTACT AT DELIVERY AND DRIVER MUST RESEAL THE TRAILER AFTER EACH STOP TO AVOID POSSIBLE LOAD REJECTION, unless McClain & Associates provides written notice that this instruction does not apply to this shipment. Carrier agrees that while transporting this shipment, it will comply with all U.S. DOT regulations applicable to its operations, including but not limited to, drivers' hours of service.

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**DOCUMENTS REQUIRED FOR INVOICE APPROVAL (EMAIL: [ACCOUNTSPAYABLE@MCCLAINLTD.COM](mailto:ACCOUNTSPAYABLE@MCCLAINLTD.COM))**

- Carrier invoice
- All pages of the signed Proof of Delivery (POD)
- Rate confirmation
- All approved accessorial documents and receipts previously approved by McClain & Associates.

**PAYMENT TERMS**

- Default payment terms are Net 30 from the date all required documents are received.
- QuickPay option of Net-5 for a 3% fee.
  - If requesting please include "QuickPay" in the subject line or verbiage of the email.

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**Carrier File Upload & Tracking Link**



Manual link: <https://mcclainltd.logisticallytms.com/carrier/#/orders/e5e79dc8-a268-4cc6-a082-2cb75408fd85/upload?source=rate-confirmation>  
Need help? <http://logisticallyinc.com/guide/qr>

Signed By: \_\_\_\_\_  
(McClain & Associates Ltd.)

Date: \_\_\_\_\_

Signed By: Bill Carson  
(ZIGI FREIGHT INC)

Date: 6/17/2025

# Shipping Instructions & Rate Confirmation

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**Payment:** Line Haul: \$1,500.00, Special Services: \$250.00, Fuel Surcharge: \$0.00, **TOTAL: \$1,750.00 USD****Special Services Itemized Cost:**

Name / Description	Quantity	Rate	Cost
Layover			\$250.00

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Manual link: <https://mcclainltd.logisticallytms.com/carrier/#/orders/e5e79dc8-a268-4cc6-a082-2cb75408fd85/upload?source=rate-confirmation>  
Need help? <http://logisticallyinc.com/guide/qtr>

Signed By: \_\_\_\_\_  
(McClain & Associates Ltd.)

Date: \_\_\_\_\_

Signed By: \_\_\_\_\_  
(ZIGI FREIGHT INC)

Date: \_\_\_\_\_





1491

Date: 2025-06-18

## BILL OF LADING

PAGE 1 of 1

SHIP FROM		BOL #:
Name:	Plasticase/UPS Supply Chain	CASES11184201
Address:	1 UPS Way	
City/State/Zip:	Champlain, NY, 12919, US	
Contact:	Shipping - (518) 298-8000	
SHIP TO		CARRIER NAME:
Name:	Knowink c/o All Covered	ZIGI FREIGHT INC
Address:	30119 Research Dr.	Trailer Number: 94930
City/State/Zip:	New Hudson, MI, 48165, US	Seal Number(s): 437524
Contact:	Chance Paul - (248) 513-0103	MC#: MC944686
FREIGHT CHARGES BILL TO		PRO #:
Name:	McClain & Associates Ltd.	
Address:	2458 Old Dorsett Rd., Ste. 250	
City/State/Zip:	Maryland Heights, MO, 63043, US	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: THIRD PARTY
		<input type="checkbox"/> Master Bill of Lading: w/ attached underlying BOL's

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
PO109712		7390 lbs		ORD2508856
GRAND TOTAL		7390 lbs		

HANDLING UNIT		PACKAGE		WEIGHT/ LIN. FT.	H.M.	COMMODITY DESCRIPTION <small>* 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</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
15				7390 lbs		Plastic Cases		
15				7390 lbs		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: PREPAID Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in 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, and to all applicable state and federal regulations.

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

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. X <i>Deena Coty</i> 6/18/25	<b>Trailer Loaded: Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. X <i>[Signature]</i> 6/18/25
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<b>RECEIVER SIGNATURE / DATE</b> Receiver's signature and date. X <i>[Signature]</i>	Condition Received: Good <input checked="" type="checkbox"/> Short <input type="checkbox"/> Damaged <input type="checkbox"/>	Date: 6/20/2025
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Chance Paul