



INVOICE

BILL TO:

MAGELLAN TRANSPORT LOGISTICS INC
8505 BAYCENTER RD
JACKSONVILLE, FL 32256

INVOICE DATE: 06/24/2025**INVOICE #:** R97558**TERMS:** NET 30**DUE DATE:** 07/24/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/23/2025		4250 Patriot Dr, Ste 100, Grapevine, TX, 76051 - 595 Industrial Drive, Jackson, MS, 39209			
		Freight Income	1	\$950.00	\$950.00

TOTAL

\$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: Emin Halilic

Email: ehalilic@magellanlogistics.com

Phone: (904) 420-2660

Fax:

Office: NE

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

Shipment Details			
Shipment #	1663662	Carrier Miles	423.20
LLocks: Yes		Temperature	-
Cust Ref/PO #		Eq Type	53' Van
Todays Date	6/23/2025 12:08	Eq ID	
Description of Merch:	MEDICAL SUPPLIES Pallets/Skids @ 35000.00 Pounds		

Carrier Details			
Carrier	Zigi Freight, Inc.	Driver Name	Dorde (551) 444-2280
MC	944686	Dispatch Phone	(630) 485-7370
DOT #	2828543	Fax	
SCAC	ZFIH	Carrier Ref	Roy

Stop Details						
Stop Type	Pcs/Type/Wt	Address	Appt Date	Appt Time	PU/Deliv #	Service Type
1 Pickup	Pallets/Skids 35000 lbs	McKesson Medical Surgical 4250 PATRIOT DR STE 100 GRAPEVINE, TX, 76051 PN: (000) 000-0000	6/23/25	17:00	Driver MUST call Magellan for Dispatch	Live
NEED EMPTY NOW + FRESH HOURS TO MAKE STRAIGHT THROUGH DELIVERY						
2 Delivery	Pallets/Skids 35000 lbs	McKesson Medical Surgical - 595 INDUSTRIAL DRIVE JACKSON, MS, 39209 PN: 123	6/24/25	04:00 - 05:00		Live

Shipment Line Items				
Pcs/Type	Pallets	Weight	STCC	Description
0	0	35000 lbs		MEDICAL SUPPLIES

Carrier Rate Agreement						
Item #	Charge Description	Unit Price	Unit Type	Unit Quantity	Rate	Note
1	Linehaul	\$800.00	Flat Rate	1	\$800.00	
2	GPS Load Tracking	\$150.00	Flat Rate	1	\$150.00	
Total:					\$950.00	

Shipment Notes

Your company is hauling a critical shipment for Magellan Transport Logistics. To provide exceptional world class service to our customers, we need the driver to immediately engage with Four Kites/MacroPoint tracking. The link to the application has been sent to the driver via text message. Please verify that the driver received the text message and has completed tasks to enable tracking. If needed please provide an updated mobile number of the driver to send the link for Four Kite tracking. Installation and Registration Prerequisites: Ensure that your mobile data and GPS or Location Services are switched on and your Duty Status is set to On Duty in the CarrierLink App. These are required for us to track your loads via your phone's GPS. Download and install the app from: Android Play Store:

<https://play.google.com/store/apps/details?id=mobile.fourkites.com.carrierLink> App Store:

<https://itunes.apple.com/us/app/carrierlink/id1038402671?mt=8>

Customer Note

****There is a \$300 penalty in the rate confirmation for shipments without Four Kites/MacroPoint.**** Now is your opportunity to avoid this penalty and keep the \$300 in your pocket **** If the driver has delivered the load, please confirm times and send in the POD.

All carriers are REQUIRED to update Magellan within 2 HOURS of completion of the following: ARRIVAL TO SHIPPER, DEPARTURE OF SHIPPER, ARRIVAL TO RECEIVER, DEPARTURE OF RECEIVER.

Detention starts after first 2 hours at origin or destination. Magellan must be contacted 1.5 hours after arrival at origin or destination to be notified detention is being incurred. Detention is \$25/hour after first 2 hours with maximum compensation up to \$150.00. Detention exceeding 6 hours will be considered a layover. Layovers will be \$150.00 maximum. Must have arrival and departure times signed by customer on POD for accessorial to be approved. Magellan must be notified within 24 hours of respected stop to issue reimbursement for lumper services. Seal must not be tampered with and can result in

maximum fine of \$1,000. No reefers on dry loads unless otherwise noted. **Missed appointment or late appointment without approved notice can result in \$350 late fee.**

- DRIVER IS REQUIRED TO WEAR A MASK INSIDE MCKESSON FACILITIES <

- Driver may not check in more than 1-2 hours before scheduled pick-up time

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. All drivers must call Magellan to Receive Pick Up #
4. Pick-up dates and hours will not require carrier to violate HOS regulations. Routing instructions, if any, are for informational purposes only.
5. 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.
6. 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.
7. POD must be notated with in and out times notated to be eligible for detention
8. Damages or missing freight must be reported – any failure to do so can result in a deduction
9. 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
10. Missed pick-ups/deliveries may be subject to late fees of \$250/day or greater depending on customer.
11. 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 Changes.

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.

Date: 6/23/2025

Bill of Lading - Short Form - Not Negotiable

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Ship From				Bill of Lading Number: 1663662			
Name:	McKesson Medical Surgical			Customer Ref: 1663662			
Address:	4250 PATRIOT DR STE 100			Carrier Ref#: Roy			
City/State/Zip:	GRAPEVINE, TX 76051						
Tel:	(000) 000-0000			FOB: <input type="checkbox"/>			
Ship To				Carrier Name: Zigi Freight, Inc.			
Name:	McKesson Medical Surgical -			Trailer number:			
Address:	595 INDUSTRIAL DRIVE			Serial number(s):			
City/State/Zip:	JACKSON, MS 39209			Container number:			
Tel:	(123) -123			Seal number:			
	FOB: <input type="checkbox"/>			Carrier Quote #: (630) 485-7370			
Third Party Freight Charges Bill to				SCAC: ZFIH			
Name:				Carrier Pro:			
Address:							
City/State/Zip:							
Fax:							
Special Instructions:				Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>			
				Master bill of lading with attached underlying bills of lading.			
Customer Order Information							
Customer Order No.		# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information	
Order Number:		0	35000.00 lbs	Y	N	Ship Ref:	
				Y	N	Pickup From: 06/23/2025 05:00 PM	
				Y	N	Pickup To: 06/23/2025 05:00 PM	
				Y	N	Delivery Info	
				Y	N	Cons Rel:	
				Y	N	Delivery From: 06/24/2025 04:00 AM	
				Y	N	Delivery To: 06/24/2025 05:00 AM	
Grand Total			35000.00 lbs				
Carrier Information							
Handling Unit		Cartons		Weight	DIMS	HazMat	LTL Only
Qty	Type	Qty	Type				NMFC No. Class
		22	Pallet				
		0	Pallets/Skids	35000.00			
				MEDICAL SUPPLIES			
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: \$ _____ Terms: _____ Collect _____ Prepaid _____ Cust. check acceptable _____			
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 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.				Consignee: Received in apparent good order except as noted hereon: Date: _____ Time In: _____ Time Out: _____ PER (Signature): _____ PRINT NAME: _____			
Shipper Signature/Date <i>City June 23/2025</i>		Trailer Loaded By: ____ Shipper ____ Driver		Freight Counted By: ____ Shipper ____ Driver/pallets ____ 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.	

Quintarius McCuiston 6/24/25