

Fill in this information to identify the case:

Debtor Impact Products, LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 24-11055

Official Form 410
Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** Lincoln International Freight Services Inc
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
See summary page	

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Contact phone 9052068999 Contact phone _____
Contact email scorrigan@lincolnfreight.com Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?** No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?** No
 Yes. Who made the earlier filing? _____



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$ 2545. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Freight Services performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/19/2024
MM / DD / YYYY

/s/Sean Corrigan
Signature

Print the name of the person who is completing and signing this claim:

Name Sean Corrigan
First name Middle name Last name

Title Owner

Company Lincoln International Freight Services Inc
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 927-7078 | International 001-424-236-7244

Debtor: 24-11055 - Impact Products, LLC		
District: District of Delaware		
Creditor: Lincoln International Freight Services Inc Sean Corrigan 129 Main Street South Georgetown, Ontario, L7G 3E5 Canada Phone: 9052068999 Phone 2: 6472327569 Fax: 9052069515 Email: scorrigan@lincolnfreight.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Freight Services performed	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 2545	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Sean Corrigan on 19-Jun-2024 6:01:02 p.m. Eastern Time Title: Owner Company: Lincoln International Freight Services Inc		

BILL OF LADING / ORIGINAL - NOT NEGOTIABLE

Shipper / Expéditeur
THE SAFETY ZONE (C0 IMPACT PROD)
 250 CABALLERO DRIVE
 BUENA PARK, CA, 90620
 UNITED STATES Tel: 657-272-7262

Consignee / Destinataire
WUNZL (WESCLEAN)
 2462 184TH ST NW BLDG E SUITE 2
 EDMONTON, AB, T5V 1T4, CANADA
 Tel: 780-451-1533 Fax:

Booking / Cust.Ref. #
C063304

Reference #
478182-01



HIGHLIGHT MOTOR FREIGHT USA
HIGHLIGHTMOTOR.COM
 12070 ALTAMAR PLACE, SANTA FE SPRINGS, CA 90670
 PHONE: 562.352.0661 FAX: 562.352.0658

60

Notify Party / Partie notifiés

478182

Date of Issue / Date, d'Origine
MAY 03, 2024

Carrier / Transporteur
G & Z

Terms of delivery & payment / Conditions de livraison et de paiement
THIRD PARTY

received subject to the classification and tariffs in effect on date of issue of this original bill of lading, the goods described below in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier agrees to carry to its usual place of delivery at said destination, if on its road, otherwise to deliver to another carrier on route to said destination. It is mutually agreed, as to each carrier of all or any said goods over all or any portion of said route to destination, and as to each party at any time interested in all or any of said goods that every service to be performed hereunder shall be subject to all the terms and conditions (which are hereby incorporated by reference and have the same force and effects as if same were severally, fully and specifically set forth herein).

Approved by the Board of Transport Commissioners for Canada by General Order No. T-5, dated February 1, 1965 set forth on the Canadian Freight Classification and General Order No. T-43, dated September 18, 1967 set forth in the rules for the carriage of Express and non-Carload Freight Traffic, available at all Express and Railway Agency Stations and Offices upon request, when said goods are carried by a rail carrier; or, of the bill of lading (long form) of water carrier when said goods are carried by water carrier; of the bill of lading set forth in or prescribed by the relevant tariffs, classification, statutes and regulations (including those of form R.T. 200 for the province of Quebec) pertaining to motor carrier's services when said goods are carried by a motor carrier; all of which are agreed to by the shipper and accepted to himself and his assigns.

No. of Pieces / Nombre de Coils	Type / Sorte	Description of Goods / Description des marchandises	Gross weight / Poids brut
5	PALLETS		1,900 Lbs 862 Kgs

4

COEL Appointment CHARGES



CCBL-3298517

'24MAY 7 12:43PM

<p>Declared Valuation \$</p> <p>Maximum liability of \$2.00 per pound (\$4.41 per Kilogram) computed on the total weight of the shipment unless declared valuation states otherwise.</p>	<p>Notice Of Claim</p> <p>a) No carrier is liable for loss, damage or delay to any goods carried under the bill of lading unless notice thereof setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier or delivering carrier within sixty (60) days after the delivery of the goods or, in the case of failure to make delivery, within nine (9) months from the date of shipment.</p> <p>b) The final statement of the claim must be filed within nine (9) months from the date of shipment together with a copy of the paid freight bill.</p>	<p>If this truck or trailer is delayed or detained, detention or demurrage will apply.</p> <p>Any loss or damage must be noted by the receiver (not our driver) on signature copy at time of delivery. Otherwise consignee's signature will constitute clear receipt and claims will not be honoured. C.O.D. collections must be cash or marked cheque.</p>
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Remark / Remarque :
 DEL 5/8 @ 11:30AM

my Rex F. Ashley

All shipments are only accepted subject to the Standard Trading Conditions of the Canadian International Freight Forwarders Association (C.I.F.F.A.). Copy available upon request.
 Toutes affaires et transactions sont traitées aux conditions et usages de commerce standard de l'Association des Transitaires Internationaux Canadiens (C.I.F.F.A.). Copie disponible sur demande.

Shipper's Name & Signature	Date	Driver's Name & Signature	Date	Consignee's Name & Signature	Date



129 Main Street South
 Georgetown, ON L7G 3E5
 Tel: 905-206-8999
 Toll Free: 1-888-272-3343
 Fax: 905-206-9515
 accounting@lincolnfreight.com

INVOICE

IMPACT PRODUCTS USA
 2840 CENTENNIAL ROAD
 TOLEDO, OH
 43617-1898

INVOICE NUMBER	INVOICE DATE
I052898	May 10, 2024
ACCOUNT CODE	
IMPACT PRODUCTS USA	

ORDER NO.	R053736	P.O. NO.		TERMS	
		QUOTE NO.		EQUIPMENT	
PROBILL #	P086196				
SHIPPED	05/10/2024	P/U NO.		RECEIVED	05/14/2024
				DEL NO.	
PICK UP	IMPACT PRODUCTS(THE SAFETY ZONE) 1759 SHERIDAN RICHMOND, IN 47374			DELIVER	LES EMBALLAGES RALICK PACKAGING 80 OMER DESERRES BLAINVILLE, QC J7C 5V6
SHIPPER	Same as Pickup Location			CONSIGNEE	Same as Delivery Location
B.O.L. #'s	FREIGHT DESCRIPTION			FREIGHT QUANTITY\WEIGHT	
1035494, 1036148 1032776	Order#Orders 01882, 03239,47582/02,78654/02 PO # 9423, 94411, 91940, 93210 MUST EMAIL FOR DELIVERY APPOINTMENT logistique@ralik.ca			7 skids, 4362 lbs	

Comments

Probill No.	Charge Description	Charges
	BASE FREIGHT RATE	\$1,095.00
Sub-Total		\$1,095.00
Amount Due in USD Funds		\$1,095.00

Net 30 days 2% per month on past due accounts, per annum

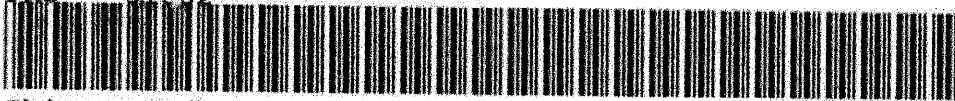
B I L L O F L A D I N G

Carrier: INTERNATIONAL

SCAC: INTL
VIA : BEST CANADA

PREPAID

PRO 01882



Page: 1
Date: 5/02/24
Time: 14:19:56
B/L#: 1035494

Shipper No#
01-01882-00

Consignee PO#
94253

From: IMPACT PRODUCTS LLC
1759 Sheridan St
Richmond, IN 47374

To: LES EMBALLAGES RALIK
80 RUE OMER DESERRES

BLAINVILLE, FC J7C 5V6

Trailer:

Seal:

Instructions

Do Not Break Shrink Wrap
COMMERCIAL INVOICE REQUIRED
If gloves are ordered, a COO worksheet is required
INTERNATIONAL ORDER
ORDERS MUST BE ON HEAT TREATED PALLETS

PKGS TYPE	NMFC	DESCRIPTION	CLASS	WEIGHT
5CTN	156600-4	Floor Signs, Lids, Bottles, or Pastic/Ru bber Articles, RSorL, NOI, PCF 4 but <6	175.0	125.93
2CTN	33240-2	Mops, NOI, or Mop Heads, Pads or Refills , in packages, RSorL, PCF 4 but <	175.0	6.13
2CTN	156600-1		125.0	17.99
18CTN	156600-5	Refuse Cans/Lids, or Plastic/Rubber Arti cles, RSorL, NOI, PCF 6 but <8	125.0	220.38
1KCTN	156600-6	Bathroom Accessory, or Sheet Steel Artic les, RSorL, NOI, PCF 8 but <10	100.0	231.62
1CTN	177670-6	Trigger Sprayer Combination, RSorL, NOI, PCF 8 but <10	100.0	20.26
1CTN	33240-3	Mops, NOI, or Mop Heads, Pads or refills in packages, RSorL, PCF 8 but < 12	100.0	10.36

This document is tendered as an individual bill of lading. All Terms and conditions of this straight bill of lading and applicable tariff and classifications in effect as of the date hereon apply. Carriers representative is signing for cartons separate from pallets. Any hand written changes are invalid. Carrier delivery receipt requires carton count.

B I L L O F L A D I N G

 PREPAID

Carrier: INTERNATIONAL
 PRO 01882

SCAC: INTL
 VIA :BEST CANADA

Page: 2
 Date: 5/02/24
 Time: 14:19:56
 B/L#: 1035494

Shipper No#
 01-01882-00

Consignee PO#
 94253

From: IMPACT PRODUCTS LLC
 1759 Sheridan St
 Richmond, IN 47374

To: LES EMBALLAGES RALIK
 80 RUE OMER DESERRRES

BLAINVILLE, FC J7C 5V6

Trailer:

Seal:

Instructions

Do Not Break Shrink Wrap
 COMMERCIAL INVOICE REQUIRED
 If gloves are ordered, a COO worksheet is required
 INTERNATIONAL ORDER
 ORDERS MUST BE ON HEAT TREATED PALLETS

PKGS TYPE	NMFC	DESCRIPTION	CLASS	WEIGHT
2CTN	49390	Towels, Washcloths, or Cloth Dry Goods, NOI, in bales or boxes	100.0	35.10
3CTN	49795	Coveralls, Aprons, Laboratory Coats, Pants, Shirts or Clothing, NOI, disposable	100.0	19.49
1KCTN	156600-7	Dispenser Lid, or Plastic/Rubber Articles, RSorL, NOI, PCF 10 but <12	92.5	48.78
3CTN	100840-3	Dusters, NOI, in boxes, RSorL, PCF 12 or greater	85.0	32.72
175CTN	156600-9	Gloves, Urinal Screens, or Plastic/Rubber Articles, RSorL, NOI, PCF 15 or > 22.	70.0	2082.37
1KCTN	20480		55.0	146.09
5 PAL Tare Weight in Lowest Class			55.0	225
=====				=====
5 PALLETS SAID TO CONTAIN 245 CARTONS			SUBTOTAL ACTUAL	3222.00
			GRAND TOTAL	3222.00

Ralik

14 MAI 2024

Date

Reçu par

BILL OF LADING

216604

PREPAID

Carrier: INTERNATIONAL

SCAC: INTL
VIA : BEST CANADA

PRO 03239



Page: 1
Date: 5/08/24
Time: 11:39:42
B/L#: 1036148

Shipper No#
01-03:39-00

Consignee PO#
94411

From: IMPACT PRODUCTS LLC
1759 Sheridan St
Richmond, IN 47374

To: LES EMBALLAGES RALIK
80 RUE OMER DESERRES

BLAINVILLE, QC J7C 5V6

Trailer:

Seal:

Instructions

Do Not Break Shrink Wrap
COMMERCIAL INVOICE REQUIRED
If gloves are ordered, a COO worksheet is required
INTERNATIONAL ORDER
ORDERS MUST BE ON HEAT TREATED PALLETS

PKGTYPE	NMFC	DESCRIPTION	CLASS	WEIGHT
ZTN	156600-3	Bottles, Garbage Cans/Lids, or Plastic/Rubber Articles, RSorL, NOI, PCF 2 but <4	250.0	5.33
ZTN	156600-6	Bathroom Accessory, or Sheet Steel Articles, RSorL, NOI, PCF 8 but <10	100.0	20.61
CTN	49920	Gloves or Mittens, workmen's; cotton, with or without leather or imitation or artificial	77.5	5.03
64CTN	156600-9	Gloves, Urinal Screens, or Plastic/Rubber Articles, RSorL, NOI, PCF 15 or > 22.	70.0	745.09
1 PAL	Tare Weight in Lowest Class		70.0	45
=====				
PALLETS SAID TO CONTAIN 68 CARTONS			SUBTOTAL ACTUAL	821.00
			GRAND TOTAL	821.00

Ralik
 [Signature] 14 MAI 2024
 Sujet à vérification Date
 Reçu par

*Please check all product carefully when the shipment arrives. If ANY damage or shortage is discovered, the receiver must clearly note the damage or shortage on Bill of Lading (BOL) or Delivery Receipt prior to the delivery driver leaving the premises.

*Supply Source must be notified of any issues, including concealed shortages and damages, customerservice@supplysourceglobal.com within 48 hours of the delivery. For the most expedient processing, please include the order number and all appropriate documentation in your email. Attach a copy of the BOL or delivery receipt and pictures.

*If the Bill of Lading or Delivery Receipt is signed clear or STC (Said to Contain) or STI (Subject to Count), no credits will be issued or payments deductions allowed for any claims.

This document is tendered as an individual bill of lading. All Terms and conditions of this straight bill of lading and applicable tariff and classifications in effect as of the date hereon apply. Carriers representative is signing for cartons separate from pallets. Any hand written changes are invalid. Carrier delivery receipt requires carton count.

Shipper Signature RP Date _____

Driver Signature X Date _____

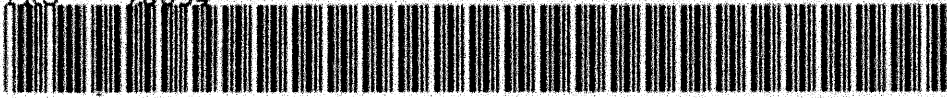
B I L L O F L A D I N G

Carrier: INTERNATIONAL

SCAC: INTL
VIA : INTL

PREPAID

PRO 78654



Page: 1
Date: 4/23/24
Time: 18:00:53
B/L#: 1032776

Shipper No# 01-78654-02 01-47582-02

Consignee PO# 93210 91940

From: IMPACT PRODUCTS LLC
1759 Sheridan St
Richmond, IN 47374

To: LES EMBALLAGES RALIK
80 RUE OMER DESERRES

BLAINVILLE, PQ J7C 5V6

Trailer:

Seal:

Instructions

Do Not Break Shrink Wrap
COMMERCIAL INVOICE REQUIRED
If gloves are ordered, a COO worksheet is required
INTERNATIONAL ORDER
ORDERS MUST BE ON HEAT TREATED PALLETS

PKGS TYPE	NMFC	DESCRIPTION	CLASS	WEIGHT
ICTN	156600-4	Floor Signs, Lids, Bottles, or Pastic/Rubber Articles, RSorL, NOI, PCF 4 but <6	175.0	1.49
ZCTN	33240-2	Mops, NOI, or Mop Heads, Pads or Refills, in packages, RSorL, PCF 4 but <	175.0	10.88
ZCTN	156600-1		125.0	32.01
ICTN	177670-6	Trigger Sprayer Combination, RSorL, NOI, PCF 8 but <10	100.0	57.62
ICTN	156600-7	Dispenser Lid, or Plastic/Rubber Article s, RSorL, NOI, PCF 10 but <12	92.5	72.19
ICTN	156645	Blocks or Spacers, floor mat, in bags or boxes	70.0	54.74
2 PAL Tare Weight in Lowest Class			70.0	90
PALLETS SAID TO CONTAIN 24 CARTONS			SUBTOTAL ACTUAL	319.00
			GRAND TOTAL	319.00

↓
Receive 1 bid out of 2
YANNICK

Ralik
je YANNICK 4 MAI 2024
Suj à vérification Date
Reçu par



LINCOLN

Established
1997

INTERNATIONAL FREIGHT SERVICES INC.

129 Main Street South
Georgetown, ON L7G 3E5
Tel: 905-206-8999
Toll Free: 1-888-272-3343
Fax: 905-206-9515
accounting@lincolnfreight.com

INVOICE

INVOICE NUMBER	INVOICE DATE
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I052633

Apr 15, 2024

ACCOUNT CODE

IMPACT PRODUCTS USA

IMPACT PRODUCTS USA
2840 CENTENNIAL ROAD
TOLEDO, OH
43617-1898

ORDER NO.	R053481	P.O. NO.		TERMS	
		QUOTE NO.		EQUIPMENT	
PROBILL #	P085708				
SHIPPED	04/15/2024	P/U NO.		RECEIVED	04/16/2024
				DEL NO.	
PICK UP	OPHARDT HYGIENE 4725 CHRISTIE DR BEAMSVILLE, ON L0R 1B4			DELIVER	SPARTAN CHEMICAL COMPANY 1110 SPARTAN DR MAUMEE, OH 43537
SHIPPER	Same as Pickup Location			CONSIGNEE	Same as Delivery Location
B.O.L. #'s	FREIGHT DESCRIPTION			FREIGHT QUANTITY\WEIGHT	
5046843445	DIMS 48X40X65 PO#A09494			2 skids, 706 lbs	

Comments

Probill No.	Charge Description	Charges
	BASE FREIGHT RATE	\$355.00
Sub-Total		\$355.00
Amount Due in USD Funds		\$355.00

Net 30 days 2% per month on past due accounts, per annum

MAIL REMITTANCES TO (PITD) BK16 D46 two y
 PIT OHIO LTL Route# 3518752
 P O BOX 643271
 PITTSBURGH PA U.S. DOT Hazmat Reg. No
 15264-3271 051021550087DF



PRO NUMBER 5046843445 Page 1 of 2

SUPPLY CHAIN • GROUND • LTL • TL
 15 27th STREET • PITTSBURGH, PENNSYLVANIA 15222
 www.pitsohio.com



DELIVERY RECEIPT

TP	REFERENCE PRO NUMBER	B/C	CUSTOMER'S ORDER NUMBER	BILL OF LADING NUMBER	PRO TYPE	DATE
6P		D05	A09494	P2677559		4/15/2024
CONSIGNEE	SPARTAN CHEMICAL CO INC		TOL SPAR1110	SHIPPER	OPHARDT HYGIENE	
	ATTN RECEIVING		419-897-5551		TOL OPHALOR1	
1110 SPARTAN DR				4725 CHRISTIE DR		905-563-2777
MAUMEE, OH 43537				BEAMSVILLE, ON LOR 1B4		

PIECES	HM	COMMODITY - DESCRIPTION	CLASS	WEIGHT/LBS	COL RATE	COL CHARGES	PRE RATE	PRE CHARGES
396		PCS SANITARY WARE AND PARTS ON (2) SKIDS APPT REQ PO# N A NO APPOINTMENT NEC MUST DEL BTWN 6:00am-1:00pm ON TUESDAY, APR 16, 2024 DO NOT HOLD TIME IN: 12:54 TIME OUT: 1:03 STRETCHWRAP INTACT? DN N/A DRIVER DENIED ACCESS AT TIME		706				

REMARKS DEL 4/17 10-16:00

CASH CHI

BILL TO POLARIS TRANSPORT CARRIER REV POLA7099
 7099 TORBRAM RD
 MISSISSAUGA, ON L4T 1G7

EXCEPTION CODE
 LOADER STH
 PIECES LOADED
 DELIVERING DRIVER J. Sewerby
 DELIVERY DATE 4/16/24
 NUMBER PIECES 282
 DELIVERY RECEIPT

PRIOR CARRIER	PRIOR EXCH	PRIOR REV	PITD REV	BEYOND CARRIER	BEYOND EXCH	BEYOND REV
POLT	43612					
Pro#: P2677559						

Sign Here [Signature]
 Print Name [Signature]
 4/16/24

ADDITIONAL SERVICES Fees may apply
 - INSIDE
 - LIFT-GATE
 - RESIDENTIAL