



Bill to:
GLOBALTRANZ ENTERPRISES
7350 N DOBSON RD STE 130,
Scottsdale,
AZ,
85250

Invoice Date: 05/23/2024
Invoice #: 29057662
Terms: NET 30
Due Date: 06/23/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/22/2024		4113 FREE TRADE STREET, Laredo, TX 78045 - 4117 Thomas Drive, Panama City, FL 32408			
			1	\$2,800.00	\$2,800.00

TOTAL
\$2,800.00

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



CARRIER RATE
CONFIRMATION

Load Number: 29057662



GENERAL CONTACT

GTZ CONTACT: (757) 871-6261 mhamilton@globaltranz.com
GTZ FAX:

CARRIER PAYMENTS:

INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com
NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

PO#: PCB-AML24A-030
REF#:
PRO#:
CARRIER QUOTE:

SERVICE:	ACCESSORIAL(S):	COMMODITY:
SERVICE TYPE: Full TRAILER TYPE: Straight Truck SIZE: 53		DESCRIPTION:BEACH TOYS- P O# PCB-AML24A-030 WEIGHT: 3931 lbs PALLETs:0 PIECES:539

CARRIER INFORMATION:		
CARRIER NAME: ROYAL3 INC LEGAL NAME:ZIGI FREIGHT INC MC#:944686 [AV595]	DISPATCHER: Asta PHONE: (630) 485-7370x108 FAX: (630) 485-6980 EMAIL: asta@royal3inc.com	DRIVER: BYSSAINTHE FEDNEL DRIVER PHONE: (754) 305-2978 TRAILER NUMBER:W94937

IMPORTANT LOAD NOTES:

ORIGIN:		
FACILITY: AMLOID STREET: 4113 FREE TRADE STREET CITY/STATE/ZIP: Laredo, TX 78045 FAX:	PICKUP DATE: 05-22-2024 REF #: HOURS: 12:00 - 12:00 CONTACT: SHIPPING	PICKUP #: G06-38607 APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
PICKUP NOTES: PICKUP SCHEDULED FOR 12PM ON 5/22/24. MUST BE ON TIME AND REFERENCE # G06-38607. SUNSATIOnS PANAMA CITY	PHONE:	

DESTINATION:		
FACILITY: Sunsations STREET: 4117 Thomas Drive CITY/STATE/ZIP: Panama City, FL 32408 FAX:	DELIVERY DATE: 05-23- 2024 HOURS: 09:00 - 15:00 CONTACT: RECEIVING	REF #: DELIVERY#: APPOINTMENT REQUIRED: No APPOINTMENT MADE: No
DELIVERY NOTES: OPEN RECEIVING 9AM- 3PM. CAN DELIVER THURSDAY OR FRIDAY	PHONE:	



RATE INFORMATION:
BASE RATE:\$2,800.00
TOTAL RATE:\$2,800.00

GTZ SIGNATURE : Matt Hamilton (757) 871-6261

CARRIER SIGNATURE : Asta Mijao

Carrier understands and acknowledges that any instruction or information given to Carrier by Broker are merely for the Carrier's convenience and not to be construed as Brokers attempt to control the manner, method, or means by which Carrier or its employees performs the work hereunder. The Rate Confirmation Sheet is a legally binding agreement between Broker and Carrier. No signature is required to enforce provision of this agreement, rather both parties accept the terms and conditions contained herein upon Carrier's partial or full performance of the shipment. In the event of any conflict between the Agreement or the Carrier's Carrier Rate Confirmation, the Agreement shall govern and then any terms as set forth in this Carrier Rate Confirmation shall apply. Carrier must immediately notify Broker if shipper's instructions do NOT match the Rate Confirmation. Broker does not authorize hand written or verbal changes to the rate confirmation. If this rate confirmation does not accurately reflect the load terms, carrier must obtain a revised rate confirmation from Broker. Carrier's failure to provide equipment and/or services as agreed upon may result in additional line haul deductions.



**CARRIER RATE
CONFIRMATION**

Load Number: 29057662



GENERAL CONTACT

GTZ CONTACT: (757) 871-6261 mhamilton@globaltranz.com

GTZ FAX:

CARRIER PAYMENTS:

INVOICE/POD/RATE CON submit to: TLINVOICES@globaltranz.com

NOA and PAYMENT INQUIRIES: APTLREQUESTS@globaltranz.com

To be eligible for Accessorials / Incidentals, Carrier must:

- Be checked in to shipper **OR** receiver by the appointment time.
- Submit all proof of detention, accessorial, incidentals within 24-48 hours of delivery.

Detention:

- Carrier must be on time for pickup/delivery.
- Detention accrual begins 2 hours after appointment time at shipper/receiver IF:
 - Carrier must notify Broker after **60** minutes of waiting.
 - Provide time stamped BOL within 48 hours of delivery.
- Detention Rate - **\$40/hr** after **2** hours. Max \$200 detention per stop.

Layover, Truck Order Not Used (TONU):

- Carrier must contact Broker to request
- Delays or cancellations must be confirmed by Broker
- Layovers: \$200 Dry Van or \$250 Running Reefers.
- TONU: \$200

Submitting Payments:

- Email Invoice, Rate Confirmation, Proof of Delivery & Receipts to TLinvoices@globaltranz.com
- 3% / 3-Day Quick Pay available upon request
- For Payments question contact aptlrequests@globaltranz.com or by calling 866-275-1407 ext. 72597



AMLOID CORPORATION
UNIFORM STRAIGHT
BILL OF LADING

Original -- Not negotiable -- Domestic
BOL #: AML-38607
Amloid Order #: 41389

RECEIVED subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown below, with said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract agrees to carry to its usual place of delivery at said destination, if on its own railroad, waterline, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property 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 property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER	TERMS	CONSIGNEE
Amloid c/o Integralis 4113 Free Trade St. Laredo, Tx. 78045	COL If third party applies, please look at the bottom for billing instructions	SUNSATIIONS STORE # 030 PCW 4117 Thomas Drive , PANAMA CITY BEACH, FL. ZIP 32408, United States

Carrier: GlobalTranz (Sunsations)

Date: 05/22/2024

Trailer #:

Shipment ID:

Seal #: 12-236697

Item SKU	Description	Pieces	Boxes	Weight	P.O. #
8019	10 Pc Beach Set	504	42	383.46	PCB-AML24A-030
906	8in Pail & Shovel	696	29	172.55	PCB-AML24A-030
10907	8.75in Castle Pail & Shovel	900	25	357.25	PCB-AML24A-030
8042	Beach 18 Pc Set	400	100	686	PCB-AML24A-030
8012	Beach 12 Pc Set	344	86	490.2	PCB-AML24A-030
903	Big Digger	306	17	73.44	PCB-AML24A-030
518-Y21	6 Pc Mermaid & Shark Bucket Set	400	40	351.6	PCB-AML24A-030
3313	Beach Truck Sand 3 Pc Set - Netted	186	31	378.51	PCB-AML24A-030
8007	Castle Sand 7 Pc Set	228	38	121.6	PCB-AML24A-030
8045-Y22	Sprinkler Bucket Castle Creator 8 Pc Set	360	60	535.2	PCB-AML24A-030
8004	Beach 4 Pc Set - Assortment	96	12	32.88	PCB-AML24A-030
8010	Beach 10 Pc Set	240	20	125.6	PCB-AML24A-030
TOTALS		4660	500	3708.29	

C.O.D. charge Shipper

*If the shipment moves between two ports by a carrier by water, law requires that the bill of lading shall state whether it is "carrier's or shipper's count. On value, shippers are required to state specifically in writing the agreed or declared value of the property.

to be paid by Consignee

Shipper, Per AS Amloid c/o Integralis / Jorge Lozano

(This Bill of Lading is to be signed by the shipper and agent of the carrier issuing same.)

Received amount \$ _____ to be applied to prepayments of charges on the property described hereon.

Per: _____ (signature here only acknowledges amount prepaid)

Third party billing information:

Place tracking number here:

Company: _____

Trailer #:


Driver's name:

Truck #: _____

Driver's signature: _____

Date: _____

Time: 10:54-12:42PM

Shipper Address Country Contact Name Phone Number Contact Email Fax Number	AMLOID 4113 FREE TRADE STREET Laredo, TX 78045 USA SHIPPING (956) 962-0927 	Carrier :ROYAL3 INC Shipment Date:05/22/24 Carrier Pro# : Ref # : Carrier Quote # : P/O # :PCB-AML24A-030 Customer BOL NO: 
---	---	--

Consignee Address Country Contact Name Phone Number Contact Email Fax Number	Sunsations 4117 Thomas Drive Panama City, FL 32408 USA RECEIVING (850) 235-9876 	Third Party Billing Information: All charges are prepaid to: GlobalTranz PO Box 6348 Scottsdale AZ 85261 Direct billing inquiries to : (866) 275-1407 GTZ BOL NO : 29057662
---	--	---

Comments/Special Instructions: Pickup Remarks : PICKUP SCHEDULED FOR 12PM ON 5/22/24. MUST BE ON TIME AND REFERENCE # G06-38607. SUNSATIIONS PANAMA CITY Delivery Remarks : OPEN RECEIVING 9AM-3PM. CAN DELIVER THURSDAY OR FRIDAY

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
0	539		BEACH TOYS- PO# P CB-AML24A-030	3931	0	0	0	0		false

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: _____ **Date:** _____ **Trailer#:** _____
Driver's Signature: _____ **Date:** _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignor's Signature: _____

Consignee Signature: _____

Print Name: _____

Company Name: _____

Date: _____

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR



Shipper
Address
Country
Contact Name
Phone Number
Contact Email
Fax Number

AMLOID
4113 FREE TRADE STREET
Laredo, TX 78045
USA
SHIPPING
(956) 962-0927

Carrier : ROYAL INC
Shipment Date: 05/22/24
Carrier Pro# :
Ref # :
Carrier Quote # :
P/O # : PCB-AML24A-030
Customer BOL NO:



Consignee
Address
Country
Contact Name
Phone Number
Contact Email
Fax Number

Sunsations
4117 Thomas Drive
Panama City, FL 32408
USA
RECEIVING
(850) 235-9876

Third Party Billing Information:
All charges are prepaid to:
GlobalTranz
PO Box 6348
Scottsdale AZ 85261
Direct billing inquiries to : (866) 275-1407
GTZ BOL NO : 29057662

Comments/Special
Instructions:

Pickup Remarks : PICKUP SCHEDULED FOR 12PM ON 5/22/24. MUST BE ON TIME AND REFERENCE # G06-38607. SUNSATIONS PANAMA CITY
Delivery Remarks : OPEN RECEIVING 9AM-3PM. CAN DELIVER THURSDAY OR FRIDAY

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
0	539		BEACH TOYS- PO# P CB-AML24A-030	3931	0	0	0	0		false

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: _____

Date: _____ Trailer#: _____

Driver's Signature: _____

Date: _____ Trailer#: _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignor's Signature: _____

Consignee Signature: _____

Print Name: _____

Company Name: _____

Date: _____

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR



Just Hannah
(J. HANNAH)
5/23/2024