



## INVOICE

**BILL TO:**  
AMERITRANS INC  
1316 BROWN TR  
BEDFORD, TX 76022

**INVOICE DATE:** 11/17/2024  
**INVOICE #:** R65926  
**TERMS:** NET 30  
**DUE DATE:** 12/17/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/15/2024		12955 W. Airport Blvd, Sugar Land, TX 77478 - 5710 Inner Park Drive, Edwardsville, IL 62025			
		Freight Income	1	\$1,800.00	\$1,800.00

<b>TOTAL</b>
\$1,800.00

**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**

Order Number **179707**

AMERITRANS, INCORPORATED  
1316 BROWN TRAIL  
BEDFORD, TX 76022  
817-545-0566

Carrier: ZIGI FREIGHT INC dba ROYAL 3 INC  
Attn: JASON  
Truck #: 425316

Equip.  
V  
Trailer #: W94947

Miles  
821

**Commodity** COOKWARE

<b>Pickup</b>	TRAMONTINA INC	<b>Earliest</b>	11/15/24 15:00
	12955 W. AIRPORT BLVD	<b>Latest</b>	11/15/24 15:00
	SUGAR LAND, TX 77478	<b>Contact</b>	
		<b>Phone</b>	(281)340-8400
	<b>Pickup #</b> 2711		
	<b>Pieces</b>	<b>Piece Type</b>	<b>Weight</b>
	30	PALLETS	15,203
		<b>Description</b>	COOKWARE

<b>Delivery</b>	SAMS CLUB DC #4966	<b>Earliest</b>	11/17/24 07:00
	5710 INNER PARK DRIVE	<b>Latest</b>	11/17/24 07:00
	EDWARDSVILLE, IL 62025	<b>Contact</b>	appt desk
		<b>Phone</b>	(618)500-8870
	<b>Delivery #</b> 83612987		
	<b>Pieces</b>	<b>Piece Type</b>	<b>Weight</b>
	21	PALLETS	11,542
	2	PALLETS	1,025
	2	PALLETS	1,246
	5	PALLETS	1,490
		<b>Description</b>	3531219050
			3531219064
			3531219000
			3181214844

**Special Instructions**

Requires 53' Dry Van - Clean Swept out Trailer.  
2 load locks and or 2 load bars.  
no holes or leaks

Trailers must be "LEAK FREE" and no holes in floor. Trailers that are leaking upon arrival will NOT be loaded.  
All Drivers must have their own face mask and the mask must be worn at all times when entering and inside the Tramontina facility. No exceptions.  
Driver must contact Ameritrans dispatcher prior to arrival to confirm that all requirements are met.



Order Number **179707**

**AMERITRANS, INCORPORATED**  
**1316 BROWN TRAIL**  
**BEDFORD, TX 76022**  
**817-545-0566**

<b>Rate Detail</b>	FREIGHT CHARGES	1,800.00	
	<b>Total:</b>	<b>\$1,800.00</b>	Carrier Initials: _____

**All invoices must include a signed delivery receipt and be sent to AP@AMERITRANSINC.COM**

Refer to the Order Number on your invoice: **179707**

**Please return all pages back to Ameritrans.**

This agreement between AMERITRANS, INC. of Bedford, Texas, licensed transportation broker (MC#182108) and Carrier, do hereby agree to enter into a mutual agreement to the load information described.

**WARNING:** Failure to keep scheduled delivery appt. will result in \$100 deduction from carrier pay  
UNLESS rescheduled with Ameritrans prior to delivery date.

**WARNING:** Driver must check-call daily with Ameritrans dispatch during transport.

Carrier warrants that it is a lawfully registered FMCSA motor carrier and will not reassign or co-broker the load to another carrier. Therefore the equipment used to transport this load is lawfully registered under the company's operating authority. Carrier agrees that the charges indicated on this load confirmation include all costs and fees associated with the shipment as described.

**Please email invoice and all related proof of delivery paperwork showing consignee signature to:**

**AP@AMERITRANSINC.COM**

Failure to provide proof of delivery will result in the invoice being rejected.

**IMPORTANT:** Invoicing by the carrier and payment by Ameritrans, Inc. constitutes acceptance of this agreement and creates a valid contract carriage shipment.

**IMPORTANT:** Load Confirmation Rate Agreement must be signed and returned promptly to the dispatcher's email address. Driver will not be dispatched until agreement has been received by Ameritrans.

Broker: AMERITRANS, INCORPORATED

Name: Brandy Workman

Phone: (817)510-1435

Email: brandy@ameritransinc.com

Carrier Name: ZIGI FREIGHT INC dba ROYAL 3 INC

Carrier Signature: \_\_\_\_\_

Bill of Lading Number: 6469

**SHIP FROM**

Name: TRAMONTINA USA INC  
Address: 12955, W AIRPORT BLVD  
City/State/Zip: SUGAR LAND, TX, US - 77478-6119  
SID/SL#

**SHIP TO**

Name: SAMS DISTRIBUTION CENTER  
Address: 5710 INNER PARK DR  
City/State/Zip: EDWARDSVILLE, IL, US - 62025-2821  
CID#: TRUCK 2711  
Loc#: NTER

**THIRD PARTY FREIGHT CHARGES BILL TO**

Name: AMERITRANS, INC.  
Address: 1316 BROWN TRL  
City/State/Zip: BEDFORD, US 76022-6402

**SPECIAL INSTRUCTIONS:**



Carrier Name: AMERITRANS, INC.

Trailer Number: W99432

Seal Number(s): 3364515

SCAC: AMTI

Pro Number:

Way Bill:

Document No.: 310000275777

Freight Charge Terms: PREPAID

Freight charges are paid unless marked otherwise

Prepaid ☐ Collect ☐ 3rd Party ☒

☐ Master Bills of Lading with attached underlying Bills of Lading

**CUSTOMER ORDER INFORMATION**

**ADDITIONAL SHIPPER INFO**

Customer Order Number	#PKGS	WEIGHT	PALLETS/SUP
3531219000	192	634	PLTS
<b>GRAND TOTAL</b>	<b>192</b>	<b>634</b>	<b>PLTS</b>

**CARRIER INFORMATION**

HANDLING UNIT	QTY	TYPE	PACKAGE	WEIGHT	H.M.	COMMODITY DESCRIPTION	NMFC	CLASS
2	2	PLTS	192	SETS	634	COOKWARE	5280-6	100
<b>GRAND TOTAL</b>					<b>634</b>			

Where the rule is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed to be declared value of property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ Per \_\_\_\_\_

Fee Terms: ☐ Fee Collect: ☐ Prepaid: ☐

Customer check acceptable: ☐

NOTE: Liability Limitation for loss or damage in this shipment maybe applicable. See 49 U.S.C. 14706(g)(1)(A) and (B)

RECEIVED, subject to individually determined roles 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, or request. The shipper hereby certifies that the carrier will be held harmless and the shipper and conditions are hereby agreed to by the shipper and accepted for himself and his/her assigns.

SHIPPER SIGNATURE/DATE

Trailer Loaded ☒ Freight Counted ☒

By Shipper ☒ By Driver ☐

By Driver/Pallets ☐ By Driver/Pieces ☐

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.

Sign: 7.50 Date: 11/5/02

Sign: Receiver # 634 6469 TRL # 99432

PO# 353 129 000 PLTS 2

Total Received 2

Over 0 Short 0

Damage Kept 0 ROC Damage 0

Red'd By BA Date 11-17-02



**BILL OF LADING**

Bill of Lading Number: **6469**

**SHIP FROM**

Name: **TRAMONTINA USA INC**  
 Address: **12955 W AIRPORT BLVD**  
 City/State/Zip: **SUGAR LAND, TX, US - 77478-6119**  
 SID/SL# **FOB**

**SHIP TO**

Name: **SAMS DISTRIBUTION CENTER**  
 Address: **5710 INNER PARK DR**  
 City/State/Zip: **EDWARDSVILLE, IL, US - 62025-2821**  
 CID# **TRUCK-2711** FOB: ☐  
 Loc#: **NTER**

**THIRD PARTY FREIGHT CHARGES BILL TO**

Name: **AMERITRANS, INC.**  
 Address: **1316 BROWN TRL**  
 City/State/Zip: **BEDFORD, US, 76022-6402**

**SPECIAL INSTRUCTIONS:**

Prepaid ☐ Collect ☐ 3rd Party ☒  
☐ Master Bills of Lading with attached underlying Bills of Lading

**CUSTOMER ORDER INFORMATION**

Customer Order Number: **3181214844**  
 #PKGS: **217** WEIGHT: **1326** PLTS: **1326**  
 GRAND TOTAL: **217** PLTS: **1326**

**CARRIER INFORMATION**

HANDLING UNIT	PACKAGE	QTY	TYPE	WEIGHT	H.M.	COMMODITY DESCRIPTION	LTL ONLY
5	PLTS	217	CTNS/ETS	1326		COOKWARE	NMFC CLASS 52880-5 100
5	PLTS	217		1326		GRAND TOTAL	

Where the rule is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed to be declared value of property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ Per \_\_\_\_\_

Fee Terms: ☐ Fee Collect: ☐ Prepaid: ☐

Customer check acceptable: ☐

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 rules 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. The shipper hereby agrees that he/she is familiar with all the terms and conditions of the NMFC Uniform Freight Bill of Lading and that he/she agrees to accept and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his/her assigns.

**SHIPPER SIGNATURE/DATE**

Signature: *[Signature]* Date: **11-15-04**

**Trailer Loaded**

☒ By Shipper ☐ By Driver/Pallets  
☐ By Driver ☐ By Driver/Pieces

**Freight Counted**

☒ By Shipper ☐ By Driver/Pallets  
☐ By Driver ☐ By Driver/Pieces

**SHIPPER SIGNATURE**

Signature: *[Signature]* Date: **11-15-04**

Sign: *[Signature]* Date: **11-15-04**

PO# **308** RTN **844** PLTS **5**  
 Total Received **5** / **4625**  
 Over **0** Short **0**  
 Damage Kept **0** ROC Damage **0**  
 Rec'd By **BA** Date **11-17-04**



Date: V15/NOV/2024 14:51:22

MASTER BILL OF LADING

Page: 1 of 1

SHIP FROM

Name: TRAMONTINA USA INC

Address: 12955 W AIRPORT BLVD

City/State/Zip: SUGAR LAND, TX, US - 77478-6119

SID/SLS#:

SHIP TO

Name: SAMS DISTRIBUTION CENTER

Address: 5710 INNER PARK DR

City/State/Zip: EDWARDSVILLE, IL, US - 62025-2821

Department#: TRUCK-2711

FOB: ☒ FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO

Name: AMERITRANS, INC.

Address: 1316 BROWN TRL

City/State/Zip: BEDFORD, US 76022-6402

SPECIAL INSTRUCTIONS:

Carrier Name: AMERITRANS, INC.

Trailer Number: W99432

Seal Number(s): 3364515

SCAC: AMTI

Pro Number:

Way Bill:

Freight Charge Terms: PREPAID

Freight charges are paid unless marked otherwise

Prepaid ☐ Collect ☐ 3rd Party ☒

Master Bills of Lading with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION									
Customer Order Number	#PKGS	WEIGHT	PALLET/SLIP	Deliver Date	Dest. No	PO Type	Dept. No		
3181214844	217	1326	PLTS	11/12/2024	NTER	0020	00062		
3531219000	192	634	PLTS	11/12/2024	NTER	0020	00063		
3531219050	1269	11542	PLTS	11/12/2024	NTER	0020	00063		
3531219064	144	1025	PLTS	11/12/2024	NTER	0020	00063		
GRAND TOTAL	1822	14527	PALLET	11/12/2024	NTER	0020	00063		

CARRIER INFORMATION									
HANDLING UNIT	QTY	TYPE	PACKAGE	WEIGHT	H.M.	COMMODITY DESCRIPTION	NMFC#	LTL ONLY	CLASS
5	PLTS	217	CTNS/SET	1326		COOKWARE	52880-5		100
2	PLTS	192	SETS	634		COOKWARE	52880-6		100
21	PLTS	1269	UNITS	11542		COOKWARE	52880-6		100
2	PLTS	144	UNITS	1025		COOKWARE	52880-6		100
30	PALLET	1822	UNITS	14527		GRAND TOTAL	52880-6		100

NOTE: Liability Limitation for loss or damage in this shipment may be applicable upon in writing between the carrier and shipper, if applicable, otherwise to the rate classifications and rules that have been established by the carrier and are available upon request. The shipper hereby certifies that he/she is in possession of all the bills of lading and the said bills of lading are hereby agreed to by the shipper and acceptor, him/herself and his/her assigns.

SHIPPER SIGNATURE/DATE

Trailer Loaded ☒ By Shipper ☐ By Driver ☐ By Driver/Pieces

Freight Co. ☒ By Shipper ☐ By Driver ☐ By Driver/Pieces

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.

Sign: [Signature] Date: 11/15/24

ARRIVAL TIME: 2:31pm.

APPT. TIME: 3:00pm.

DEPARTURE TIME: 11:05 PM

DRIVERS NAME: [Signature]

DRIVERS SIGN: [Signature]

CARRIER: 21gi Freight

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.

Sign: [Signature] Date: 15.11.24