


Area

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor:		Case Number:
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>National Bankers Trust</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: <u>National Bankers Trust</u> <u>8245 Tournament Dr Ste 20</u> <u>Memphis TN 38125</u>		
Telephone number: <u>901 255 8330</u>		
Name and address where payment should be sent (if different from above): <u>Same as above</u>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number: <u>BMC GROUP</u>		
1. Amount of Claim as of Date Case Filed: <u>\$ 3000.00</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). Amount entitled to priority: \$ _____ <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2. Basis for Claim: <u>services performed</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>0815</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: <u>10/22/09</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;"><u>Joe Boech</u></div>		FOR COURT USE ONLY ADS Logistics  00048

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Carrier: ROM TRUCKING COMPANY LLC-TULSA OK

10/20/2009 03:31 PM

Customer

ACCOUNTS PAYABLE
AREA TRANSPORTATION
116 EAST 1100 NORTH
CHESTERTON IN 46304

Tel: 219-836-3900

Fax: 219-926-8504

Check #	Check Date	Check Amount	Contact	<input type="checkbox"/> Escalation
				<input type="checkbox"/> Left Message
Comment:				<input type="checkbox"/> Update Cust
				<input type="checkbox"/> Fax Contact
				<input type="checkbox"/> Verify Address
Claims:				

<u>Carrier</u>	<u>Inv #</u>	<u>Load #</u>	<u>BOL #</u>	<u>Inv Date</u>	<u>Age</u>	<u>Invoice \$</u>
ROM TRUCKING CO	583-2102	2912390	NA	08/27/2009	54	1,000.00
ROM TRUCKING CO	583-2109	2912395	NA	08/31/2009	50	1,000.00
ROM TRUCKING CO	583-2116	NA	NA	09/03/2009	47	1,000.00
						<u>3,000.00</u>

INVOICE

CARRIER OF RECORD


NATIONAL
BANKERS TRUST

ROM TRUCKING COMPANY LLC
TULSA OK

Inv # 583-2109
08/31/2009

Notice of Assignment

All invoices for services rendered by carrier of record
above are owned by and must be remitted to:

NATIONAL BANKERS TRUST
PO BOX 1752
MEMPHIS TN 38101-1752

Questions? See UCC Law, Article 9 or call: 901-255-8393

AREA TRANSPORTATION
ACCOUNTS PAYABLE
116 EAST 1100 NORTH
CHESTERTON IN 46304

Cust No.	Load #	Pick Up	Delivered	Terms
6101/56815	2912395	08/25/2009	08/26/2009	Net 30
Miles	Rate	Description		Amount
1.00	1,000.00	Pick Up: TULSA, OKLAHOMA Delivery: HOUSTON, TEXAS Truck Pay		1,000.00
		Amount Due NBT		
		1,000.00		

NOTICE

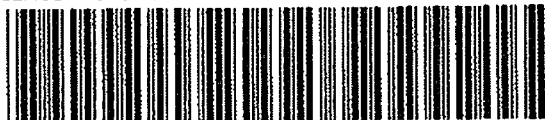
PASSPORT CUSTOMER HAS NO RIGHTS OF SET-OFF UNDER THIS ACCOUNT.

IF YOU DISPUTE THIS INVOICE YOU MUST CALL NBT IMMEDIATELY!

Call 877-255-8383 8am to 5pm Monday - Friday CST

We Appreciate Your Business

PLEASE INCLUDE THIS INVOICE NUMBER WITH PAYMENT.



We also accept these payment methods

EFS
ELECTRONIC FUND
TRANSFER


T-Check Systems

VISA


MasterCard


TCH
EXPRESS

COMCHEK

Don

Area Transportation

PRICING CONFIRMATION

116 E 1100 N Chesterton, IN 46304

800-563-6794

ROM TRUCKING COMPANY583- 2109**RATE CONFIRMATION SHEET**

Order # 2912395

DATE: 8/25/09 CARRIER: Rom Trucking
Phone: 800/874-9120 Fax: 439-3166
Shipper: **Ameistar Coil** Consignee: **New Process Steel**
2026 N. Mingo Rd.
Origin: Tulsa, Ok Destination: Houston, Tx
P/U Date/Time 8/25-B4 3:30pm Delivery Date/Time: 26-Aug
P/U# 9225 Delivery Number: Call 800/392-4989 for appt
Dock # N/A

Commodity: Coil Est. Weight: 44,310

RATE	\$1000/Flat
FSC	Included

You are responsible for the condition of the material once it is loaded. If the driver notices any visible damage, including but not limited to the following, before leaving the shipper, you must contact us immediately for clearance to load:

800-563-6794

Edge Damage - Telescoping - Rust - Broken Bands - Torn Packaging - Nicks - Scratches - Dents

ALL LOADS MUST HAVE EDGE PROTECTION AND BE WELL TARPED. When noted, load must use straps only.

Driver/Dispatcher must have the ADS Order Number available to reference the load.

Dena Casillas

Area Transportation

Paul R. R.
FOR BROKER CARRIER

For prompt payment, please: 1. **Sign and Fax this confirmation sheet to (866) 781-1330***
2. Mail the following to:

- * Shipper's Original Bill of Lading
- * Signed Delivery Receipt (Proof of Delivery)
- * Your Invoice referencing the Order Number
- * Copy of signed Rate Confirmation Sheet

Area Transportation
116 E 1100 N.
Chesterton, IN 46304

DUNS: 5800

F
R NEW PROCESS STEEL
O c/o AMERISTAR COIL PROCESSING
M 2026 N. MINGO ROAD
TULSA, OK 74116

ROM TRUCKING COMPANY
583-2109

SID# 1
MASTER REF NO:
017860

S
O NEW PROCESS STEEL
L 5800 WESTVIEW DRIVE
D HOUSTON, TX 77055

DUNS: 5800
S
H NEW PROCESS STEEL
I C/O NPS HOUSTON
P

BOL Comments:

Ship: 08/26/09 10:06 SCAC: ARIT AREA TRANS
Master Wgt: 44,310 Mode: TRUCK Shp: COMPLETE
*** TARP LOAD ***

Vehicle ID:

BILL FREIGHT TO:
NEW PROCESS STEEL 5800 WESTVIEW DRIVE, HOUSTON, TX 77055

FRT LIAB:
PREPAID

Material ID	Cust Matl ID	Heat Nbr	Lin-Ft/Pcs	Actual Wt	Actual Size(G x W x L)
					017860-1 < REF NO:

Tally Cmmts:

Cust PO: 65986
Ship Ord: 20 GA X 60.00
Ord Sz: .032 X 60.00 X COIL
Desc:

Part Nbr: 20GMS60
PO/Rls: 65986

Work Ord: 001977

009225

Loc: 304C

9G1411067 SEVERSTA

44310 20 G X 60.00 X COIL
Receipt Dt: 07/08/09

ORDER TOTAL >> 1 Items

44,310

NEW PROCESS STEEL 1 Items
TOTAL >>

44,310

<< MASTER REF TOTAL >>> 1 Items

44,310

Receiving Dept. Houston

METAL CONDITION ON ARRIVAL

COIL: DRY ☒ WET ☐

VISIBLE EDGE DAMAGE: YES ☒ NO ☐

DENTS ☐ BENT EDGES ☐ RUST ☐ SIDES ☐

PROPERLY PACKAGED YES ☐ NO ☒

VISIBLE PACKAGE DAMAGE YES ☒ NO ☐

TEARS ☐ EXPOSED METAL ☐

FLUJING ☐ DENTS ☐ RUST ☐

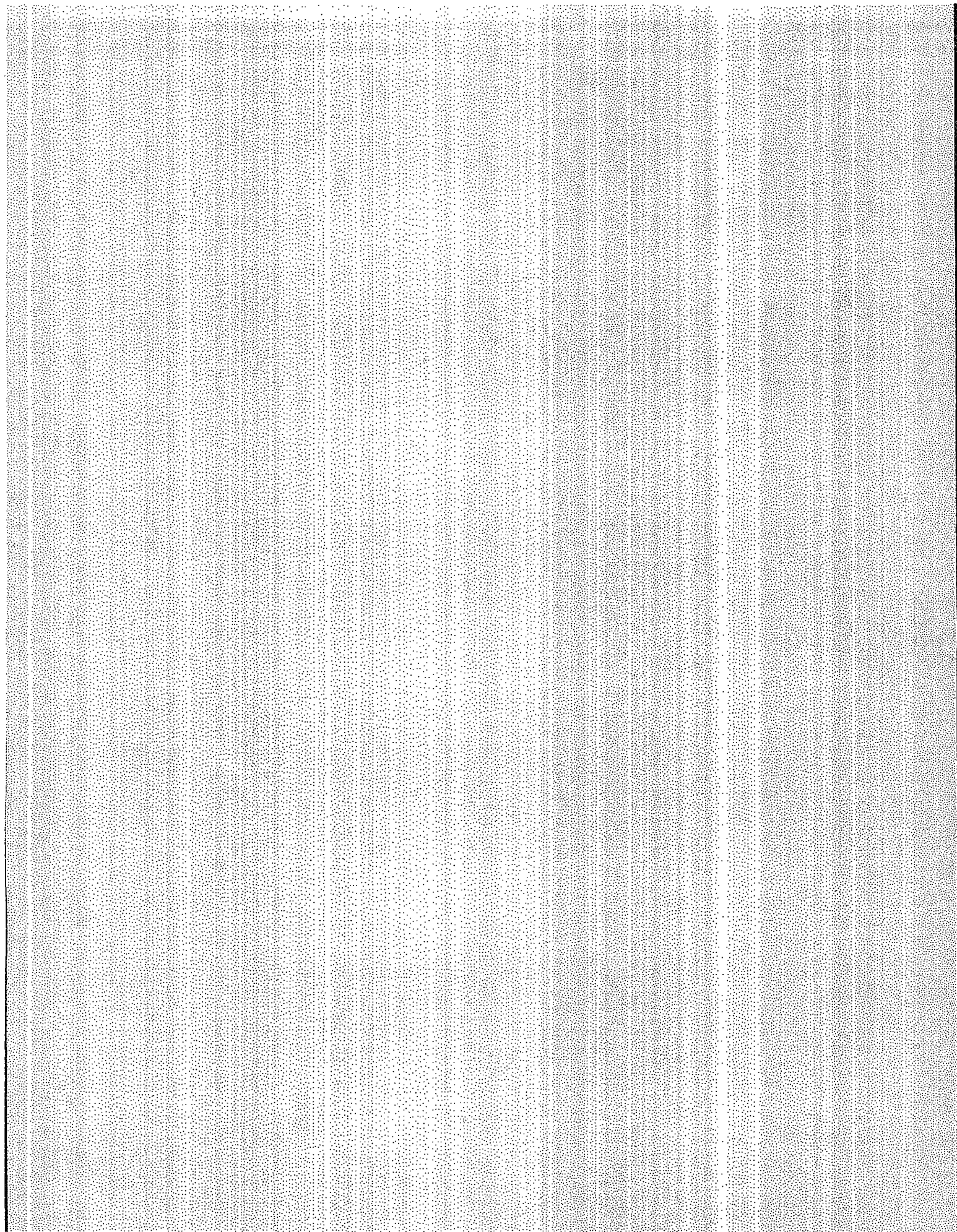
POSSIBLE CLAIM ☒

DRIVER NAME: _____



017860

Julio C.



INVOICE

CARRIER OF RECORD

ROM TRUCKING COMPANY LLC
TULSA OK


NATIONAL
BANKERS TRUST

Inv # 583-2102
08/27/2009

Notice of Assignment

All invoices for services rendered by carrier of record
above are owned by and must be remitted to:

NATIONAL BANKERS TRUST
PO BOX 1752
MEMPHIS TN 38101-1752

Questions? See UCC Law, Article 9 or call: 901-255-8383

AREA TRANSPORTATION
ACCOUNTS PAYABLE
116 EAST 1100 NORTH
CHESTERTON IN 46304

Cust No.		Load #	Pick Up	Delivered	Terms
6101/56815		2912390	08/25/2009	08/26/2009	Net 30
Miles	Rate	Description			Amount
1.00	1,000.00	Pick Up: TULSA, OKLAHOMA Delivery: HOUSTON, TEXAS Truck Pay			1,000.00
		Amount Due NBT			1,000.00

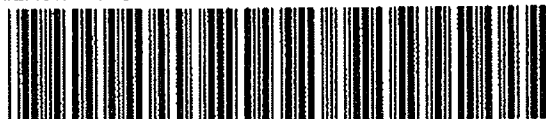
NOTICE

PASSPORT CUSTOMER HAS NO RIGHTS OF SET-OFF UNDER THIS ACCOUNT.
IF YOU DISPUTE THIS INVOICE YOU MUST CALL NBT IMMEDIATELY!

Call 877-255-8383 8am to 5pm Monday - Friday CST

We Appreciate Your Business

PLEASE INCLUDE THIS INVOICE NUMBER WITH PAYMENT.



We also accept these payment methods

EFS


T-Check Systems

VISA



ACH

COMCHEK

Durr
Area Transportation**PRICING CONFIRMATION**

116 E 1100 N Chesterton, IN 46304

800-563-6794

RATE CONFIRMATION SHEET

Order # 2912390

ROM TRUCKING COMPANY
583-2102

DATE: 8/25/09 CARRIER: Rom Trucking
Phone: 800/874-9120 Fax: 439-3166
Shipper: Ameistar Coil Consignee: New Process Steel
2026 N. Mingo Rd.
Origin: Tulsa, Ok Destination: Houston, Tx
P/U Date/Time 8/25-B4 3:30pm Delivery Date/Time: 26-Aug
P/U# 9211 Delivery Number: Call 800/392-4989 for appt
Dock # N/A

Commodity: Coil Est. Weight: 44,160

RATE	\$1000/Flat
FSC	Included

You are responsible for the condition of the material once it is loaded. If the driver notices any visible damage, including but not limited to the following, before leaving the shipper, you must contact us immediately for clearance to load:

800-563-6794

Edge Damage - Telescoping - Rust - Broken Bands - Torn Packaging - Nicks - Scratches - Dents
ALL LOADS MUST HAVE EDGE PROTECTION AND BE WELL TARPED. When noted, load must use straps only.
Driver/Dispatcher must have the ADS Order Number available to reference the load.

Gene Casillas

Area Transportation

Paul R. P.

FOR BROKER CARRIER

For prompt payment, please: 1. **Sign and Fax this confirmation sheet to (866) 781-1330***
2. Mail the following to:

- * Shipper's Original Bill of Lading
- * Signed Delivery Receipt (Proof of Delivery)
- * Your Invoice referencing the Order Number
- * Copy of signed Rate Confirmation Sheet

Area Transportation
116 E 1100 N.
Chesterton, IN 46304

*** Plan Load ***

8/25/09 10:04:23AM Page 1 of 1

DUNS: 5800

F
R NEW PROCESS STEEL
O c/o AMERISTAR COIL PROCESSING
M 2026 N. MINGO ROAD
TULSA, OK 74116

SID# 1

MASTER REF NO:
017859

S
O NEW PROCESS STEEL
L 5800 WESTVIEW DRIVE
D HOUSTON, TX 77055

DUNS: 5800

S
H NEW PROCESS STEEL
I C/O NPS HOUSTON
P

ROM TRUCKING COMPANY

583-2102

BOL Comments:

113-484-9631
113-263-7594

Ship: 08/25/09 10:00 SCAC: ARIT AREA TRANS
Master Wgt: 44,160 Mode: TRUCK Shp: COMPLETE
*** TARP LOAD ***

Vehicle ID:

BILL FREIGHT TO:
NEW PROCESS STEEL 5800 WESTVIEW DRIVE, HOUSTON, TX 77055

FRT LIAB:
PREPAID

Material ID	Cust Matl ID	Heat Nbr	Lin-Ft/Pcs	Actual Wt	Actual Size(G x W x L)
					017859-1 < REF NO:

Tally Cmmts:

Cust PO: 65986
Ship Ord: 20 GA X 60.00
Ord Sz: .032 X 60.00 X COIL
Desc:

Part Nbr: 20GMS60
PO/Rls: 65986

Work Ord: 001977

009211

Loc: 301D

9G1411065 SEVERSTA

44160 20 G X 60.00 X COIL

Receipt Dt: 07/08/09

ORDER TOTAL >> 1 Items

44,160

NEW PROCESS STEEL 1 Items
TOTAL >>

44,160

<< MASTER REF TOTAL >>> 1 Items

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Receiving Dept. Houston

METAL CONDITION ON ARRIVAL

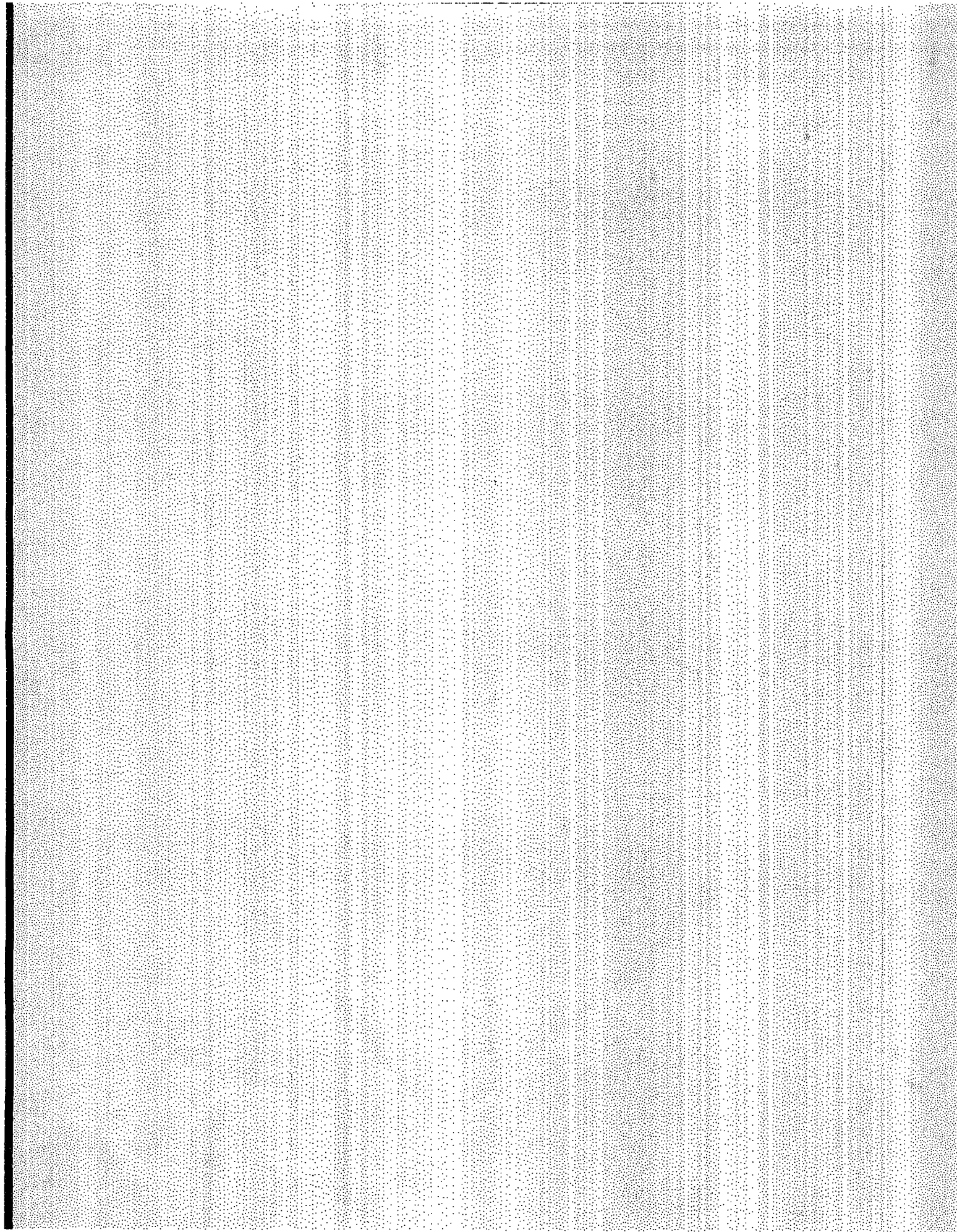
COIL: DRY ☒ WET ☐
VISIBLE EDGE DAMAGE: YES ☐ NO ☒ ID ☐ OD ☐
DENTS ☐ BENT EDGES ☐ RUST ☐ SIDES ☐
PROPERLY PACKAGED YES ☒ NO ☐
VISIBLE PACKAGE DAMAGE YES ☐ NO ☒
RIPS ☐ TEARS ☐ EXPOSED METAL ☐
PEELING ☐ DENTS ☐ RUST ☐
POSSIBLE CLAIM

DRIVER NAME:



017859

Handwritten signature: Fule C.



INVOICE

CARRIER OF RECORD

ROM TRUCKING COMPANY LLC
TULSA OK


NATIONAL
BANKERS TRUST

Inv # 583-2102
08/27/2009

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116 EAST 1100 NORTH
CHESTERTON IN 46304

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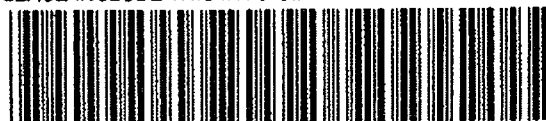
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T-Check Systems

VISA





COMCHEK

Area Transportation

PRICING CONFIRMATION

116 E 1100 N Chesterton, IN 46304
800-563-6794

RATE CONFIRMATION SHEET

Order # 2912390

ROM TRUCKING COMPANY
583-2102

DATE: 8/25/09 CARRIER: Rom Trucking
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P/U# 9211 Delivery Number: Call 800/392-4989 for appt
Dock # N/A

Commodity: Coil Est. Weight: 44,160

RATE	\$1000/Flat
FSC	Included

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800-563-6794

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Driver/Dispatcher must have the ADS Order Number available to reference the load.

Gene Casillas

Area Transportation

Paul R. Per

FOR BROKER CARRIER

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- * Your Invoice referencing the Order Number
- * Copy of signed Rate Confirmation Sheet

Area Transportation
116 E 1100 N.
Chesterton, IN 46304

DUNS: 5800

*** Plan Load ***

8/25/09

10:04:23AM

Page 1 of 1

F
R NEW PROCESS STEEL
O c/o AMERISTAR COIL PROCESSING
M 2026 N. MINGO ROAD
TULSA, OK 74116

SID# 1

MASTER REF NO:
017859

S
O NEW PROCESS STEEL
L 5800 WESTVIEW DRIVE
D HOUSTON, TX 77055

DUNS: 5800

ROM TRUCKING COMPANY

583-2102

S
H NEW PROCESS STEEL
I C/O NPS HOUSTON
P

BOL Comments:

113-484-9631
213-263-7594

Ship: 08/25/09 10:00

SCAC: ARIT

AREA TRANS

Vehicle ID:

Master Wgt: 44,160

Mode: TRUCK

Shp: COMPLETE

*** TARP LOAD ***

BILL FREIGHT TO:

FRT LIAB:
PREPAID

NEW PROCESS STEEL 5800 WESTVIEW DRIVE, HOUSTON, TX 77055

Material ID	Cust Matl ID	Heat Nbr	Lin-Ft/Pcs	Actual Wt	Actual Size(G x W x L)
					017859-1 < REF NO:

Tally Cmmts:

Cust PO: 65986

Part Nbr: 20GMS60

Ship Ord: 20 GA X 60.00

PO/Rls: 65986

Ord Sz: .032 X 60.00 X COIL

Work Ord: 001977

Desc:

009211

Loc: 301D

9G1411065 SEVERSTA

44160

20 G X 60.00 X COIL

Receipt Dt: 07/08/09

ORDER TOTAL >> 1 Items

44,160

NEW PROCESS STEEL 1 Items
TOTAL >>

44,160

<< MASTER REF TOTAL >>> 1 Items

44,160

Receiving Dept. Houston

METAL CONDITION ON ARRIVAL

COIL: DRY ☒ WET ☐VISIBLE EDGE DAMAGE: YES ☐ NO ☒ ID ☐ OD ☐DENTS ☐ BENT EDGES ☐ RUST ☐ SIDES ☐PROPERLY PACKAGED YES ☒ NO ☐VISIBLE PACKAGE DAMAGE YES ☐ NO ☒RIPS ☐ TEARS ☐ EXPOSED METAL ☐PEELING ☐ DENTS ☐ RUST ☐POSSIBLE CLAIM ☐

DRIVER NAME: _____



017859

Handwritten signature: Ludo C.