

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

55555

Shipper No. _____

Carrier No. _____

Date 6/3/24

Morton

(Name of Carrier)

(SCAC)

TO: Consignee Street Destination Vehicle Number	Intl Foam Inc 10530 Westlakel Dr. Charlotte NC Zip Code 28273 Origin	FROM: Shipper 100 WEST PINE STREET Street MAIDEN, NC Zip Code 28650
On Collect or Delivery shipments, the letters "COD" must appear before consignee's name - or as otherwise provided in Item 1605S		U.S. DOT Hazmat Reg. Number

Route	Kind of Packaging, Description of Articles, Special Marks and Exceptions			Weight (Subject to Correction)	RATE	CHARGES
No. Shipping Units 1	* HM	PACKAGES/SKIDS CIRCULAR KNIT FABRIC			500	
PACKING LIST ATTACHED						
<p><i>Bill freight to Veratex PO Box 682 New York, NY 10108</i></p>						

MORTON MOTOR EXPRESS INC. MRNO
00450272



MORTON
MOTOR EXPRESS

www.mortonexpress.com
THANK YOU FOR YOUR SHIPMENT
SHIPPER BL LABEL

REMIT C.O.D. TO: ADDRESS	<p><i>[Signature]</i></p> <p>Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____.</p>	<p><i>[Signature]</i></p> <p>This is to certify that the above materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</p>	<p>COD</p> <p>Amt: \$ <i>[Signature]</i></p> <p>Subject to Section 172.201, the conditions, 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.</p>	<p>C.O.D. FEE: PREPAID <input type="checkbox"/> \$ COLLECT <input type="checkbox"/></p> <p>TOTAL CHARGES: \$</p> <p>FREIGHT CHARGES FREIGHT PREPAID <input type="checkbox"/> except when box at right is checked Check box if charges are to be collect</p>
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SHIPPER P.O. BOX 742, MAIDEN, NC 28650	CARRIER
PER	PER
EMERGENCY RESPONSE TELEPHONE NUMBER:	DATE <i>[Signature]</i>

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (§172.604)

* Mark with "H" to designate Hazardous Material as defined in the Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is an optional method for identifying hazardous materials on bills of lading per Section 172.201(a)(1)(ii) of Title 49, Code of Federal Regulations. Also, when shipping hazardous materials, the shipper's certification statement prescribed in Section 172.204(a) of the Federal Regulations must be indicated on the bill of lading, unless a specific exception from this requirement is provided in the Regulations for a particular material.

BLCC-6024

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