

Date: 08/14/2024

**BILL OF LADING**Page 1**SHIP FROM**

Name: Cherryville Public Warehouse, Inc.  
 Address: 600 WEST ACADEMY STREET  
 City/State/Zip: CHERRYVILLE NC  
 SID#: A/C VERATEX

FOB: ☐Bill of Lading Number: **81424-501**

BAR CODE SPACE

**SHIP TO**

Name: International Foam Inc. Location #: \_\_\_\_\_  
 Address: 10530 WESTLAKE DRIVE  
 City/State/Zip: CHARLOTTE, NC 28273  
 CID#: \_\_\_\_\_

FOB: ☐CARRIER NAME: **MORTON**

Trailer number: \_\_\_\_\_

00525102


**MORTON**  
 MOTOR EXPRESS

www.mortonexpress.com

THANK YOU FOR YOUR SHIPMENT

SHIPPER B/L LABEL

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**

 Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3<sup>rd</sup> Party ☒
☐

(check box)

Master Bill of Lading: with attached underlying Bills of Lading

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
<b>SHIPPING ORDER#20340</b>	6	1650	<input checked="" type="checkbox"/> X	<input type="checkbox"/> N	YARDS
			<input type="checkbox"/> Y	<input type="checkbox"/> N	
			<input type="checkbox"/> Y	<input type="checkbox"/> N	
			<input checked="" type="checkbox"/> X	<input type="checkbox"/> N	
			<input type="checkbox"/> Y	<input type="checkbox"/> N	
<b>GRAND TOTAL</b>	6	1650			

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet	6	Rolls	153		ROLLS OF CLOTH		
1		6		153				
<b>GRAND TOTAL</b>								

 RECEIVING  
 STAMP SPACE

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

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per \_\_\_\_\_."

COD Amount: \$ \_\_\_\_\_

Fee Terms: 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 rates 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, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature \_\_\_\_\_

Shipper

**SHIPPER SIGNATURE / DATE**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

**Trailer Loaded:**

- ☐ By Shipper  
☐ By Driver

**Freight Counted:**

- ☐ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

 City Bank  
 8/15/24

SHIPPING MEMORANDUM

**VERATEX, INC**

SHIPPED TO: **INTERNATIONAL FOAM INC.**  
10530 WESTLAKE DRIVE

CHARLOTTE  
NC  
USA  
28273

MEMO #: 243500

SHIPPED DATE: 08/14/2024

SHIPPED VIA

MORTON

PO #: 20340

MISCELLANEOUS:

#	Case #	Gross Weight	Description	Yards	Units	Receipt #	Lot #
1	440201	250.00	V22 MINK	250.00	1	107290	19945
2	440202	250.00	V22 MINK	250.00	1	107290	19945
3	440203	250.00	V22 MINK	250.00	1	107290	19945
4	440204	250.00	V22 MINK	250.00	1	107290	19945
5	440205	325.00	V22 MINK	325.00	1	107290	19945
6	440206	325.00	V22 MINK	325.00	1	107290	19945

1,650.00

1,650.00

6

6 Rolls pot ente  
1 cpr pl sw