



Invoice

Morton Motor Express

P.O. BOX 349, Clemmons , NC 27012

Phone: 336-235-3960

Equipment	Ship Date	Bill-to Code	Bill Date	Due Date	Invoice Number
53155, 53158	11/22/2024	VER68210108	11/22/2024	12/22/2024	00513930

Bill to: VERATEX INC
P.O. BOX 682
New York, NY 10108

Ref Type	Ref Number
PO	45268
BOL	8836

Shipper: SUPERTEX
312 W LUTHER AVE
Liberty, NC 27298

Consignee SOUTH FORK IND
100 WEST PINE
Maiden, NC 28650

Pallets	Pieces	Description	Quantity	Rate	Charges
2		ROLLS	469.00		
		Deficit Weight	31.00		
		Minimum Charge			\$89.17
		Fuel Surcharge	89.17	0.2580	\$23.01
2			469.00		\$112.18 PPD

Please Remit Payment to:

Morton Motor Express
P.O. BOX 349

Clemmons, NC 27012

** Invoices not paid by due date are subject to late fees
and administrative costs for collections.**

INV00513930

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of the Original Bill of Lading, the property described above, in apparent good order, except as noted (contents and condition of the contents of packages unknown), marked, consigned, and destined, as indicated above, which said carrier (the word carrier 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 route, 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 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 terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

SHIPPER, hereby certifies that he is familiar with all the terms and conditions of the said Bill of Lading, including those on the back thereof set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

From **SUPERTEX**
 SUPERTEX, INC
 Liberty, NC

At _____

Carrier **MORTON'S MOTOR EXPRESS**

DESIGNATE WITH AN Date 11/22/24

BY: TRUCK FREIGHT Shipper's No. 8836

(SCAC) _____ Carrier's No. _____

Consigned to **SOUTH FORK INDUSTRIES A/C VERATEX** Phone: _____
On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provide in Item 430 Sec.1. (Mail or street address of consignee - for purpose of notification only)

On Collect or Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in item 430 Sec. 1. (Mail or street address of consignee - for purpose of notification only)

Destination **MAIDEN, NC** State Zip Code

Route _____ Delivery Address ♦ _____

Delivering Carrier _____ Vehicle or Car Initial _____ No _____
(*) To be filled in only when shipper desires and governing tariffs provide for delivery thereof.)

Delivering Justice

No. of Shipping Units	* Hazardous Materials	Description of Articles, Special Marks and Exceptions		* Weight (Subject to Corr.)	Class or Rate	Check Column										
2		ROLLS	P.O. # 45268	MEMO # 3424	469											
<p style="text-align: center;">00513930</p> <div style="display: flex; align-items: center; justify-content: center;">  </div> <table style="margin-top: 10px; border-collapse: collapse;"> <tr> <td style="width: 150px; vertical-align: top;"> <input type="checkbox"/> PIECES <input type="checkbox"/> SKIDS <input type="checkbox"/> DRUMS <input checked="" type="checkbox"/> ROLLS <input type="checkbox"/> BUNDLES <input type="checkbox"/> REELS <input type="checkbox"/> MIXED </td> <td style="width: 150px; vertical-align: top;"> <input type="checkbox"/> ON SKIDS <input type="checkbox"/> ON FLOOR <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> 4'X4' </td> <td style="width: 150px; vertical-align: top;"> <input type="checkbox"/> # OF PIECES _____ <input type="checkbox"/> FLAT TOP <input type="checkbox"/> PYRAMID TOP <input type="checkbox"/> STRETCH WRAPPED <input type="checkbox"/> BANDED </td> </tr> </table> <p style="text-align: center; margin-top: 10px;"> <i>2</i> Z SHIPMENT EXCEEDS 12 FEET OF TRAILER <input type="checkbox"/> MORTON MOTOR EXPRESS B/L LABEL </p> <tr> <td colspan="7" style="text-align: center; height: 40px;"> BILL FREIGHT TO: VERATEX </td> </tr>							<input type="checkbox"/> PIECES <input type="checkbox"/> SKIDS <input type="checkbox"/> DRUMS <input checked="" type="checkbox"/> ROLLS <input type="checkbox"/> BUNDLES <input type="checkbox"/> REELS <input type="checkbox"/> MIXED	<input type="checkbox"/> ON SKIDS <input type="checkbox"/> ON FLOOR <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> 4'X4' 	<input type="checkbox"/> # OF PIECES _____ <input type="checkbox"/> FLAT TOP <input type="checkbox"/> PYRAMID TOP <input type="checkbox"/> STRETCH WRAPPED <input type="checkbox"/> BANDED	BILL FREIGHT TO: VERATEX						
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BILL FREIGHT TO: VERATEX																

+ "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 Department of Transportation"

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shippers' weight".

+ Shipper's Imprints in lieu of stamps, not a part of Bill of Lading approved by the Department of transportation.

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the amount.

REMIT GOD TO:

C.O.D. SHIPMENT **C.O.D Amt.** **Collection Fee** **Total Charges**

C.O.D. CHARGE TO BE PAID BY: SHIPPER CONSIGNEE

If charges are to be prepaid, write or stamp here, "To be Prepaid"		Received \$ _____ to apply in prepayment of the charges on the property described hereon.	Agent Per (The sign)
<p>THIS SHIPMENT IS CORRECTLY DESCRIBED CORRECT WEIGHT IS _____ LBS.</p>		Subject Per (The sign of Consignor)	

SUPERTEX, INC. 312 **Shipper** _____ **Agent** Moore
W.Luther Avenue, Liberty, NC 27298 _____ **Per** _____ **Per**

Permanent post office address of shipper

S DEFINED IN TITLE 49 OF THE CODE OF FEDERAL REGULATIONS



Delivery Receipt

Morton Motor Express
P.O. BOX 349, Clemmons, NC 27012
Phone: 336-235-3960 Fax:
Web: mortonexpress.com

Equipment	Ship Date	Bill-to Code	Bill Date	Pro Number
53155	11/22/2024	VER68210108		00513930
Consignee:	SOUTH FORK IND			
100 WEST PINE	Ref Type	Ref Number		
Maiden, NC 28650	PO	45268		
	BOL	8836		
11/25/2024				
Shipper:	SUPERTEX	Bill to:	VERATEX INC	
312 W LUTHER AVE		P.O. BOX 682		
Liberty, NC 27298		New York, NY 10108		
11/22/2024				
HM	Pallets	Pieces	Description	
	2		ROLLS	Quantity
0	2			469.00
				469.00
			Total:	PPD

Order Task **Instruction**

Deliver Load

Received in good order unless otherwise noted by:

Name: Joe W. M. 19 Date: 11-25-24

Signature: _____ PCS: _____



DR00513930