



# 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 |
|--------------|-----------|--------------|-----------|-----------|----------------|
| 53163, 53168 | 9/3/2025  | VER68210108  | 9/3/2025  | 10/3/2025 | 00540556       |

| Ref Type | Ref Number |
|----------|------------|
| BOL      | 9325-502   |

**Bill to:** VERATEX INC  
336 E 56th ST FRNT A  
New York City, NY 10022

**Shipper:** CHERRYVILLE PUBLIC WAREHOUSE  
600 W ACADEMY ST  
Cherryville, NC 28021

**Consignee** INTERNATIONAL FOAM  
10530 WESTLAKE DR  
Charlotte, NC 28273

| Pallets | Pieces | Description    | Quantity | Rate   | Charges      |
|---------|--------|----------------|----------|--------|--------------|
| 1       |        | ROLLS OF CLOTH | 176.00   |        |              |
|         |        | Minimum Charge |          |        | \$93.76      |
|         |        | Fuel Surcharge | 93.76    | 0.2820 | \$26.44      |
| 1       |        |                | 176.00   |        | \$120.20 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.\*\*



INV00540556

| Date: 09/03/2025   |  |   |                       |   | <b>BILL OF LADING</b>  |   | Page <u>1</u> |                                 |
|--|--|---|-----------------------|---|--|---|---------------|---------------------------------|
| <b>SHIP FROM</b><br>Name: Cherryville Public Warehouse, Inc.<br>Address: 600 WEST ACADEMY STREET<br>City/State/Zip: CHERRYVILLE NC<br>SID#: A/C VERATEX      FOB: <input type="checkbox"/>   |  |   |                       |   | Bill of Lading Number: <u>9325-502</u>   |   |               |                                 |
| <b>SHIP TO</b><br>Name: International Foam Inc.      Location #: _____<br>Address: 10530 WESTLAKE DRIVE<br>City/State/Zip: CHARLOTTE, NC 28273<br>CID#: _____      FOB: <input type="checkbox"/>   |  |   |                       |   | CARRIER NAME: <u>MORTON</u><br>Trailer number: _____<br>Seal number(s): _____  |   |               |                                 |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b><br>Name: VERATEX, INC<br>Address: PO BOX 682<br>City/State/Zip: NEW YORK NY  |  |   |                       |   | <b>SCAC:</b><br>Pro number: _____  |   |               |                                 |
| <b>SPECIAL INSTRUCTIONS:</b>   |  |   |                       |   | <b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b><br>Prepaid _____ Collect _____ 3 <sup>rd</sup> Party <u>X</u>                                   |   |               |                                 |
|  |  |   |                       |   | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading   |   |               |                                 |
| <b>CUSTOMER ORDER INFORMATION</b>  |  |   |                       |   |  |   |               |                                 |
| <b>CUSTOMER ORDER NUMBER</b><br>SHIPPING ORDER#20464   |  | <b># PKGS</b><br>3  | <b>WEIGHT</b><br>1378 | <b>PALLET/SLIP (CIRCLE ONE)</b><br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N   | <b>ADDITIONAL SHIPPER INFO</b><br>YARDS  |   |               |                                 |
|  |  |   |                       | <input type="checkbox"/> Y <input type="checkbox"/> N   |  |   |               |                                 |
|  |  |   |                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  |  |   |               |                                 |
|  |  |   |                       | <input type="checkbox"/> Y <input type="checkbox"/> N   |  |   |               |                                 |
| <b>GRAND TOTAL</b>   |  | 3   | 1378                  |   |  |   |               |                                 |
| <b>CARRIER INFORMATION</b>   |  |   |                       |   |  |   |               |                                 |
| <b>HANDLING UNIT</b><br>QTY TYPE   |  | <b>PACKAGE</b><br>QTY TYPE  |                       | <b>WEIGHT</b>   | <b>H.M. (X)</b>  | <b>COMMODITY DESCRIPTION</b><br><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>   |               | <b>LTN ONLY</b><br>NMFC # CLASS |
| 1 Pallet   |  | 3 Rolls   |                       | 176   |  | ROLLS OF CLOTH  |               |                                 |
|  |  |   |                       |   |  |   |               |                                 |
|  |  |   |                       |   |  |   |               |                                 |
|  |  |   |                       |   |  |   |               |                                 |
| 1  |  | 3   |                       | 176   |  | <b>GRAND TOTAL</b>  |               |                                 |
| 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:<br>"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"  |  |   |                       |   | <b>COD Amount: \$</b> _____<br><b>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></b><br><b>Customer check acceptable: <input type="checkbox"/></b> |   |               |                                 |
| <b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</b><br><small>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.</small> |  |   |                       |   | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br>Shipper   |   |               |                                 |
| <b>SHIPPER SIGNATURE / DATE</b><br><small>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.</small>  |  | <b>Trailer Loaded:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver |                       | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces |  | <b>CARRIER SIGNATURE / PICKUP DATE</b><br><small>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.</small><br><u>9-3-25</u><br><b>00540556</b> |               |                                 |

|                                  |  |                   |
|----------------------------------|--|-------------------|
| <input type="checkbox"/> PIECES  | <input type="checkbox"/> ON SKIDS        | # OF PIECES _____ |
| <input type="checkbox"/> SKIDS   | <input type="checkbox"/> ON FLOOR        |                   |
| <input type="checkbox"/> DRUMS   | <input type="checkbox"/> LONG            |                   |
| <input type="checkbox"/> ROLLS   | <input type="checkbox"/> SHORT           |                   |
| <input type="checkbox"/> BUNDLES | <input type="checkbox"/> 4'X4'           |                   |
| <input type="checkbox"/> REELS   | <input type="checkbox"/> STRETCH WRAPPED |                   |
| <input type="checkbox"/> MIXED   | <input type="checkbox"/> BANDED          |                   |

 SHIPMENT EXCEEDS 12 FEET OF TRAILER  
 MORTON MOTOR EXPRESS BL LARFL



# Delivery Receipt

## Morton Motor Express

P.O. BOX 349, Clemmons, NC 27012

Phone: 336-235-3960 Fax:

Web: mortonexpress.com

|   |                              |  |                               |                               |               |                |                 |
|---|------------------------------|--|-------------------------------|-------------------------------|---------------|----------------|-----------------|
| <b>Equipment</b><br>53168   | <b>Ship Date</b><br>9/3/2025 | <b>Bill-to Code</b><br>VER68210108   | <b>Bill Date</b>              | <b>Pro Number</b><br>00540556 |               |                |                 |
| <b>Consignee:</b> INTERNATIONAL FOAM<br>10530 WESTLAKE DR<br>Charlotte, NC 28273          |                              | <b>Ref Type</b><br>BOL   | <b>Ref Number</b><br>9325-502 |                               |               |                |                 |
| 9/4/2025 -  |                              |  |                               |                               |               |                |                 |
| <b>Shipper:</b> CHERRYVILLE PUBLIC WAREHOUSE<br>600 W ACADEMY ST<br>Cherryville, NC 28021 |                              | <b>Bill to:</b> VERATEX INC<br>336 E 56th ST FRNT A<br>New York City, NY 10022 |                               |                               |               |                |                 |
| 9/3/2025 - 03:30 PM   |                              |  |                               |                               |               |                |                 |
| <b>HM</b>   | <b>Pallets</b>               | <b>Pieces</b>  | <b>Description</b>            | <b>Quantity</b>               | <b>Rate</b>   | <b>Charges</b> | <b>Shipment</b> |
|   | 1                            |  | ROLLS OF CLOTH                | 176.00                        |               |                |                 |
|   | 1                            | 0  |                               | 176.00                        | <b>Total:</b> |                | <b>PPD</b>      |

### Order Task Instruction

Deliver Load

Received in good order unless otherwise noted by:

Name: DANIELS LEIVA Date: 4/9/25

Signature: \_\_\_\_\_ PCS: \_\_\_\_\_



DR00540556