



# 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
53150	10/9/2025	VER68210108	10/13/2025	11/12/2025	6327236

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

**Shipper:** AMERICAN BREASTCARE  
2140 NEWMARKET PKWY SE  
Marietta, GA 30067

**Consignee** SOUTH FORK IND  
100 WEST PINE  
Maiden, NC 28650

Pallets	Pieces	Description	Quantity	Rate	Charges
1		FABRIC	185.00		
		Minimum Charge			\$93.76
		Fuel Surcharge	93.76	0.2800	\$26.25
1			185.00		\$120.01 PPD

A/B	Carrier	Amount	Pro #	Transaction		
Advance:	JACKSON	\$72.96		10/15/2025	Receivable: \$120.01	Our Revenue: \$47.05

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. \*\*



INV6327236

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## Bill of Lading

TRAILER/CAR NUMBER: \_\_\_\_\_

BILL DATE: 10-02-2025

TO	
Consignee	AC Veratex, Inc., South Fork Industries
Street	100 West Pine Street
Destination	
City/State/Zip	Malden, NC 28650
Route:	

FROM	
Shipper	American Breastcare
Street	2140 Newmarket Pkwy
Origin	Suite 122
City/State/Zip	Marlette, GA 30067
Special Instructions:	

FOR PAYMENT, SEND BILL TO	
Name	Claude Simon
Company	Veratex, Inc.
Street	336 East 56th Street Frnt A
City/State/Zip	New York, NY 10022

SHIPPER'S INSTRUCTIONS	

NO. SHIPPING UNITS	TIME	DESCRIPTION OF ARTICLES SPECIAL MARKS & EXCEPTIONS	WEIGHT	RATE	CHARGES
2		ROLLS FABRIC ON ONE PALLET	185 LBS		
		P379			



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REMIT C.O.D.	C.O.D. AMOUNT: \$	C.O.D. FEE PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> <b>PREPAID</b>
TO:  ADDRESS:	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.  (Signature of Consignor)	TOTAL CHARGES \$
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 _____		Freight Charges are collect unless market prepaid <b>CHECK BOX IF PREPAID <input type="checkbox"/></b>
RECEIVED subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of packages unknown), marked consigned and destined as indicated above which said carrier (the word carrier being understood through 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 as 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 any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the Bill of Lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the Bill of Lading terms and conditions in the governing classification and the said terms and conditions.		
Shipper: American Breastcare	Carrier: Morton Express	
Per	Per	Date:
Mark with "X" or "RQ" if appropriate to designate Hazardous Material Substances 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 172.201(a)(1) (iii) 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, as indicated on the Bill of Lading does apply, unless a specific exception from the requirement is provided in the Regulation for a particular material.		



# 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	
				10/8/2025	SOU10028650		6327236	
Consignee:	SOUTH FORK IND				Ref Type	Ref Number		
	100 WEST PINE							
	Maiden , NC 28650							
				10/10/2025	-			
Shipper:	AMERICAN BREASTCARE				Bill to:	SOUTH FORK IND		
	2140 NEWMARKET PKWY SE					P.O. BOX 742		
	Marietta , GA 30067					Maiden , NC 28650		
				10/8/2025	-			
HM	Pallets	Pieces	Description		Quantity	Rate	Charges	Shipment
	1		FABRIC		185.00			
	1	0			185.00	Total:		COL

Order Task Instruction  
Deliver Load  
Received in good order unless otherwise noted by:  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: Joe Ventura PCS: 2

A/B Carrier  
Advance JACKSON

Amount Pro # Trans Date  
\$0.00 10/10/2025



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