

I N V O I C E

FAIRLANE VRTX, INC.
P.O. BOX 682
NEW YORK, NY 10108-0682
PHONE: 1 212 683 9300

DATE: 01/21/2015 INVOICE: 09765
TERMS: NET 30 SALESMAN: LTW
FOB MILL NY

SOLD TO

TRULIFE
P.O. BOX 89
JACKSON, MI 49204

SHIPPED TO

TRULIFE
39 EAST DAVIS ST.
TRENTON, ONTARIO, CANADA K8V 4K8

B/L# 15-004 VIA HERCULES 8PIECE(S)

QUANTITY	DESCRIPTION	PRICE	AMOUNT
568.000 LIN	P369-001 LATTE-TEA ROSE 60" POLYESTER SIMPLEX	800 LIN	3,294.40

LOT #: 01507/7210803 CUSTOMER ORDER: P029609 OUR ORDER: VF101601

Case	Yards	Case	Yards	Case	Yards
65 1	70.0	65 3	78.0	65 4	74.0
65 5	80.0	65 6	65.0	55 1	80.0
55 2	42.0	56 1	79.0		
TOTAL:				8 ROLLS	568.0 YARDS

PLEASE PAY THIS AMOUNT--->USD\$ 3,294.40

PLEASE REMIT TO: *Fairlane Vrtx Inc.*
P.O. BOX 682
NEW YORK, NY 10108-0682
PHONE: 1 212 683 9300
FAX#: 1 212 889 5573

Date: 1/21/2015

BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

Page 1 of 1

SHIP FROM

LEE DYEING CO. OF NORTH CAROLINA INC.
328 NORTH PERRY STREET
JOHNSTOWN, NY 12095
(518) 736-5248

BILL OF LADING NUMBER

15-004

SHIP TO

TRULIFE
39 EAST DAVIS STREET
TRENTON ONTARIO CANADA K9V4K8
PHONE: (613) 392-6528

CARRIER NAME

HERCULES

(800) 621-8723

THIRD PARTY FREIGHT CHARGES BILL TO

PRO NUMBER

Special Instructions:

LAND AIR PICKING UP FOR HERCULES

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

Prepaid ☐ Collect ☒ 3rd Party ☐☐ Master bill of lading with attached underlying bills of lading.

CUSTOMER ORDER INFORMATION

Customer Order No.

21

of Packages

2

Weight

300

Pallet
(circle one)

Y

N

Additional Shipper Information

TRULIFE PO# 29609

Grand Total

2

300

CARRIER INFORMATION

Handling Unit		Package		Weight	HM (X)	Commodity Description	LTL Only	
Qty	Type	Qty	Type				NMFC No.	Class
1	SKIDS	2	CARTONS	300		100% POLYESTER KNIT ROLLED EMBOSSED FABRIC	49265-9	70

CARTON # - PLF 20918 & PLF 20919

www.mylandair.com
SHIPPER COPY

1106223140

*This shipment is subject exclusively to the
bill of lading, the liability limitations, and all
applicable provisions of this carrier's individual
collective tariffs, including NMF 100-H series.

1 SKIDS 2 CARTONS 300

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 USC § 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 charges and all other lawful fees.

Shipper Signature

Shipper Signature/Date

Trailer Loaded:

☐ By shipper
☐ By driver

Freight Counted:

☐ By shipper
☐ By driver/pallets said to contain
☐ By driver/pieces

Carrier Signature/Pickup Date

A. Clark 1/21/15
15H

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

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

PACKING LIST

PACKING LIST

LEE DYEING CO. OF NORTH CAROLINA INC.

328 NORTH PERRY STREET

JOHNSTOWN, N.Y. 12095

PHONE (518) 736-5248

FAX (518) 736-5260

Packing List #:	2606	Date:	1/21/2015
Purchase Order:	21	Bill of Lading #	15-004

Ship To:	WILL ADVISE	Bill To:	FAIRLANE VRTX INC. ATTENTION: WEI CHANG P.O. BOX 682 NEW YORK, NY 10108-0682
Carrier:	TBD	Tracking #:	TBD

Style:	P 369	Color:	LATTE #3123
Pattern:	TEA ROSE	Fiber ID:	100% POLYESTER

Carton #	Piece #	Yards	Gross Weight (Lbs)	Finished Weight (Lbs)	Comments
PLF-20918	65-3	78	166	154	
	56-1	79	-	-	
	55-1	80	-	-	
	65-5	80	-	-	
PLF-20919	65-4	74	134	120	
	65-1	70	-	-	
	65-6	65	-	-	
	55-2	42	-	-	
2 CARTON(S)	8 PIECE(S)	568 YDS.	300 GROSS WT.	274 NET WT.	

Notice

Neither this fabric, nor any other fabric, dyed or finished by us was processed to meet the standards for children's sleepwear as established by the U.S. Department of Commerce, DOC FF3-71, and cannot be used for such apparel. Claims are limited to processing charges only. No allowances may be taken after goods have been cut or sewn.

Please contact (518) 736-5248 with any questions about your order.

Thank you for your order!



Revenue Canada
Customs and Excise

Revenu Canada
Douanes et Accise

CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

Page
of
de

1. Vendor (Name and Address)/Vendeur (Nom et adresse) Fairlane Vrtx Inc. P.O. Box 682 New York, NY 10108-0682		2. Date of Direct Shipment to Canada/Date d'expédition directe vers le Canada 11/21/15	
4. Consignee (Name and Address)/Destinataire (Nom et adresse) Trulife 39 East Davis St. Trenton, Ontario Canada K8V 4K8		3. Other References (Include Purchaser's Order No.) Autres références (Inclure le n° de commande de l'acheteur) P.O. # P029609	
8. Transportation. Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et point d'expédition directe vers le Canada Hercules		5. Purchaser's Name and Address (If other than Consignee) Nom et adresse de l'acheteur (S'il diffère du destinataire)	
		6. Country of Transshipment/Pays de transbordement	
		7. Country of Origin of Goods Pays d'origine des marchandises U.S.A.	
		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGIN AGAINST ITEMS IN 12 S/L EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISER LEUR PROVENANCE EN 12	
		9. Conditions of Sale and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.) Net 30 Feb Mill NY	
		10. Currency of Settlement Devises du paiement	
11. No. of Pkgs Nbre de colis	12. Specification of Commodities (Kind of Packages, Marks and Numbers, General Description and Characteristics i.e. Grade, Quality) Designation des articles (Nature des colis, marques et numéros, description générale et caractéristiques, p. ex. casse, qualité) Synthetic PC Goods Polyester Simplex 8 Rolls Latte-Tea Rose 60" style P369-001	13. Quantity (State Unit) Quantité (Préciser l'unité) 568 yds	14. Unit Price Prix unitaire \$5.80/lin
		15. Total \$3294.40	
18. If any fields 1 to 17 are included on an attached commercial invoice, check this box Si les renseignements des zones 1 à 17 figurent sur la facture commerciale, cocher cette boîte		16. Total Weight/Poids Total Net Gross/Brut	
Commercial Invoice No/No de la facture commerciale		17. Invoice Total Total de la facture \$3294.40 U.S.D.	
19. Exporters Name and Address (If other than vendor) Nome et adresse de l'exportateur (S'il diffère du vendeur)		20. Originator (Name and Address)/Expéditeur d'origine (Nom et adresse)	
21. Department Ruling (If applicable)/Decision du Ministère (S'il y a lieu)		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cocher cette boîte	
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, préciser: (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada \$ (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction d'erection et d'assemblage après importation au Canada \$ (iii) Export packing Le coût de l'emballage d'exportation \$		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, préciser: (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada \$ (ii) Amount for commissions other than buying commissions Les commissions autres que celles versées pour l'achat \$ (iii) Export packing Le coût de l'emballage d'exportation \$	
		25. Check (if applicable): Cocher (S'il y a lieu): (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur \$ (ii) The purchaser has supplied goods or services for use in the productions of these goods L'acheteur a fourni des marchandises ou des services pour la production des marchandises \$	



VERATEX, INC.
254 FIFTH AVENUE
3RD FLOOR
NEW YORK, NY
USA
10001-6406

39 EAST DAVIS STREET
TRENTON, ONTARIO K8V 4K8
Tel: 613-392-7535
BILL TO TRULIFE: (A/P CDA)
PO BOX 89 JACKSON MI 49204-0089
2010 EAST HIGH ST.
JACKSON, MI 49203-3416
BILL TO: TRULIFE: (A/P USA)
PO BOX 89 JACKSON MI 49204-0089
26296 TWELVE TREES LANE NW
POULSBORO, WA 98370
BILL TO: TRULIFE: (A/P USA)
PO BOX 89 JACKSON MI 49204-0089

THE ABOVE NUMBER MUST APPEAR ON
ALL CORRESPONDENCE, PACKING SLIPS AND INVOICES.
CE NUMERO DE COMMANDE DOIT
APPARAÎTRE SUR TOUTE CORRESPONDANCE,
RÉQUIS D'EMBALLAGE ET FACTURES.

Page Number: 1

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P029609

PURCHASE ORDER/BON DE COMMANDE

DATE 12/22/14	QUANTITY 6000	QTY REQUESTED SHIPPING DATE NOTRE DATE D'EXPÉDITION	VENDOR NUMBER/ DE VENDEUR 92956	SHIP VIA EXPEDIER PAR	HERCULES-COLLECT	FOR F.A.B. SHIPPING POINT	TERMS/TERMES 000
600	YD DUE DATE	Y01088 2/16/15	#P369 LATTE ROSE SIMPLEX LATTE 60"	ATTN: MS.WEI CHANG FAX: 212-889-5573	1. SEND PRODUCTION SUBMIT TO DONNA SLAUGHTER GOODS SUBJECT TO QUALITY APPROVAL. 2. CONFIRM PO TO>mbosica@trulife.com 3. *** MAX 75 YDS PER ROLL ** 4. **MUST BE NAFTA COMPLAINT**	5.80000	
MATERIALS SUBJECT TO SALES TAX MATERIAL ASSUJETTI A LA TAKE DE VENTE			☐ PROVINCIAL SALES TAX EXEMPT EXEMPT TAKE DE VENTE PROVINCIALE PLEASE CONFIRM BY FAX AT 613-392-4139 RECEIPT OF P/O AND SHIPPING DATE NOTE: ALL PAYMENTS WILL BE BASED ON P/O INFORMATION. VÉRIFIEZ CONFIRMER LA RÉCEPTION ET DATE D'EXPÉDITION DE CE DOCUMENT PAR TÉLÉPHONEUR AU 613-392-4139. NOTE: LES PAIEMENTS SONT BASÉS SUR L'INFORMATION CONTENU SUR CE BON DE COMMANDE.				
REQUISITIONER/ACHETEUR			ACCOUNT NUMBER/ DE COMPTE 16370000				

Trulife
BY/PAR
mbosica