

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: 04/13/2017
INVOICE: 09920
TERMS: NET CBD
SALESMAN: HSE
FOB MILL NY

SOLD TO

SHIPPED TO

UPS FREIGHT

SAME

B/L# 65353 VIA UPS FREIGHT 1PIECE(S)

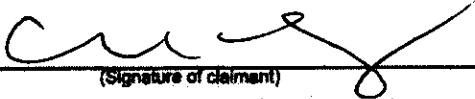
| QUANTITY | DESCRIPTION | PRICE | AMOUNT |
|----------|---------------------------------------|-----------|--------|
| 100.000 | LIN P180 WHITE 114" POLYESTER SIMPLEX | 8.080 LIN | 808.00 |

LOT #: 01525/7300705
Case Yards Case Yards Case Yards
1342800204 A 100.0
TOTAL: 1 ROLLS 100.0 YARDS

PLEASE PAY THIS AMOUNT--->USD\$ 808.00

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

Standard Form for Presentation of Loss and Damage Claims

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Veratex Inc. P.O.Box 682 New York, NY 10108 (Company name of Claimant) UPS Freight (Name of Carrier) | | (Claimant's Number)* 9920 |
| (Address of claimant) 4/26/17 (Date) | | (PRO Number) 238856940 |
| (Address) | | |
| This claim for <u>\$ 808.00</u> is made against the carrier named above by <u>Veratex Inc.</u> (Amount of claim) for <u>damage</u> (Loss or damage) in connection with the following described shipment(s): | | |
| Description of shipment <u>1 roll P180 white 114" 100% Polyester Simplex</u> Name and address of consignor (shipper) <u>Gehring Tricot Corp. / A/c Veratex Inc.</u> Shipped from <u>Dodgeville, NY 13329</u> to <u>Lomita, CA 90717</u> (City, Town or Station) (City, Town, or Station) | | |
| Final Destination <u>Lomita, CA 90717</u> Routed via <u>UPS Freight</u> (City, Town or Station) | | |
| Bill of lading issued by: <u>Veratex Inc.</u> Date of Bill of Lading: <u>65353</u> Paid Freight Bill (Pro) Number: | | |
| Name and address of Consignee (Whom shipped to) <u>Arte Crafts Bra Making Supplies</u> If shipment reconsigned enroute, state particulars: | | |
| DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED (Number and Description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.) | | |
| 100% Polyester Simplex style P180 114" White Roll # 1342800204A 1 Roll 100 yds @ \$ 8.08 / lin \$ 808.00 | | |
| Total Amount Claimed \$ 808.00 | | |
| IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM** | | |
| <input checked="" type="checkbox"/> 1. Original bill of lading, if not previously surrendered to carrier. <input type="checkbox"/> 2. Original paid freight ("expense") bill. <input checked="" type="checkbox"/> 3. Original invoice or certified copy showing claimants cost. <input type="checkbox"/> 4. Other particulars obtainable in proof of loss or damage claimed. | | |
| Remarks: _____ | | |
| <u>We Change</u> Printed name of claimant (print clearly) <u>212-683-9300</u> (Claimant's contact phone number) | | The foregoing statements of facts is hereby certified to as correct.  (Signature of claimant) |
| *Claimant should assign to each claim a number, inserting same in the space provided at the upper right hand corner of this form. Reference should be made thereto in all correspondence pertaining to this claim. **Claimant will please place check (X) before such of the documents mentioned as have been attached, and explain under "Remarks" the absence of any of the documents called for in connection with this claim. When for any reason it is impossible for claimant to produce original bill of lading, or paid freight bill, claimant should indemnify carrier or carriers against duplicate claim supported by original documents. | | |

I N V O I C E

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

DATE: 04/13/2017

INVOICE: 09920

TERMS: NET CBD
FOB MILL NY

SALESMAN: HSE

SOLD TO

ARTE CRAFTS BRA MAKING SUPPLIE
25846 OAK ST. 12
12
LOMITA, CA 90717

SHIPPED TO

SAME

B/L# 65353 VIA UPS FREIGHT 1 PIECE(S)

| QUANTITY | DESCRIPTION | PRICE | AMOUNT |
|------------------------------|-----------------------------------|-----------|--------|
| 100.000 LIN | P180 WHITE 114" POLYESTER SIMPLEX | 8.080 LIN | 808.00 |
| LOT #: 01525/7300705 Case | OUR ORDER: VF101710 Yards Case | Yards | |
| 1342800204A | 100.0 | | |
| TOTAL: 1 ROLL 100.0 YARDS | | | |

PLEASE PAY THIS AMOUNT--->USD\$ 808.00

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

STRAIGHT BILL OF LADING

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, 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 any portion of the 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 Uniform Freight Classification in effect on the date hereof, if this is a rail or a 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, 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.

P.O. Box 272
Ransom Street
Dolgeville, NY 13329
USA

Account(s): VERATEX INC.

| | |
|--------------------|-------------|
| Bill Of Lading No: | 65353 |
| Date: | 04/12/2017 |
| Carrier: | UPS FREIGHT |

Ship To: Arte Crafts Bra Making Supplies

25846 Oak Street 12
Lomita, CA 90717
USA

If charge are to be prepaid,
write or stamp here
"To be Prepaid":

Third Party

Bill Freight To:
Gian Raven Logistics P.O. Box 8
Altamahaw, NC 27202

SYNTHETIC PC GOODS KNIT CLASS 70 NMFC# 49265 SUB 8 12-15 PCF

PACKING LIST ATTACHED

So: 19104

Po: 01525

Caron

7300705-07

Total Number of Units: 1

Total Weight: 64.000

SHIPPERS CERTIFICATION: 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 shipper's weight".

Shipper's Imprints in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

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

Placards Supplied Yes No Driver's Signature _____ Emergency Phone _____

Subject to section 7 of Conditions of applicable bill of lading, 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.

Per

(Signature of Consignor)

Signature _____

Title _____

Shipper, Per _____ Agent, Per _____

Received \$ _____
to apply in prepayment of the charges
on the property described hereon.

(Agent or Cashier)

Per

(The signature here acknowledges

only the amount prepaid)

C.O.D SHIPMENT

C.O.D. Amt _____

Collection Fee _____

Total Charges _____

LIMITATIONS OF LIABILITY APPLY. SUBJECT TO LIMITS OF LIABILITY OF
THE CARRIER'S RULES TARIFF. CUSTOMER SERVICE 1-800-333-7400



04/12/2017

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Page 1 of 1

Packing List

VERATEX INC.
P.O. Box 682
NEW YORK, NY 10108
USA

25845 Oak Street 12
Lomita, CA 90717
USA

Ship To: Arte Crafts Bra Making Supplies

25845 Oak Street 12
Lomita, CA 90717

BL#: 65353

Ship Via: UPS FREIGHT

Order No: 41546 Cust PO No: 1525

So: 19104
Po: 01525

Ship To: Arte Crafts Bra Making Supplies

25845 Oak Street 12
Lomita, CA 90717

Ship Release No.: 74698
Inventory Type: FINISHED

Ship Release Date:

| Color | Width | Finish | Grade | Cust. Item No | Line Chg/Cut # | Reference Number | YARDS |
|------------|-------|------------------------------------------|-------|---------------|----------------|------------------|---------|
| WHITE#2626 | 114" | Veratex goods knit at Belmont SOFT/FR | P180 | | | 7300705-07 | |
| | | | | | | 1-13428-002-04A | |
| | | | | | | Case Total: | 100.000 |
| | | | | | | Total: | 100.000 |
| | | | | | | | 0.000 |