



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
53129, 540861	5/1/2024	VER68210108	5/2/2024	6/1/2024	00522953

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

Ref Type	Ref Number
PO	116
Seal Number	38
BOL	4824-500

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
2		ROLLS OF CLOTH	524.00		
		Minimum Charge			\$89.17
		Fuel Surcharge	89.17	0.3030	\$27.02
2			524.00		\$116.19 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.**



INV00522953

Date: 04/08/2024

BILL OF LADING

Page 1

SHIP FROM				SHIP TO																											
Name: Cherryville Public Warehouse, Inc. Address: 600 WEST ACADEMY STREET City/State/Zip: CHERRYVILLE NC SID#: A/C VERATEX, INC				FOB: <input type="checkbox"/> Name: International Foam Inc Location #: _____ Address: 10530 WESTLAKE DRIVE City/State/Zip: CHARLOTTE, NC 28273 CID#: FOB: <input type="checkbox"/>																											
THIRD PARTY FREIGHT CHARGES BILL TO:				CARRIER NAME: <i>C&M Morton</i> Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____																											
Name: International Foam Inc. Address: P.O. BOX 3871 City/State/Zip: TOMS RIVER, NJ 08756				BAR CODE SPACE																											
SPECIAL INSTRUCTIONS:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (checkbox)																											
CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO																											
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO																										
ORDER#20294		11	3194	X N	YARDS																										
PO#116				Y N	20/2 COMBED COTTON																										
				X N																											
				Y N																											
GRAND TOTAL		11	3194																												
CARRIER INFORMATION																															
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY																								
QTY	TYPE	QTY	TYPE			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 369	NMFC #	CLASS																							
2	Pallets	11	ROLLS	524	ROLLS OF CLOTH																										
RECEIVING STAMP SPACE																															
GRAND TOTAL		11	524																												
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:				COD Amount: \$ _____																											
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per				Fee Terms: <input type="checkbox"/> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>																											
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 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 freight and all other lawful charges.																											
				Shipper Signature _____																											
SHIPPER SIGNATURE / DATE		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE																									
<i>Morton Motor</i> <i>GEO</i> <i>JON A</i> <i>53146</i>		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		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. <i>Property described above is received in good order, except as noted.</i>																									
00522953 <table border="1"> <tr> <td><input type="checkbox"/> PIECES</td> <td><input type="checkbox"/> ON SKIDS</td> <td rowspan="4"># OF PIECES _____</td> </tr> <tr> <td><input type="checkbox"/> SKIDS</td> <td><input type="checkbox"/> ON FLOOR</td> </tr> <tr> <td><input type="checkbox"/> DRUMS</td> <td><input type="checkbox"/> LONG</td> </tr> <tr> <td><input type="checkbox"/> ROLLS</td> <td><input type="checkbox"/> SHORT</td> </tr> <tr> <td><input type="checkbox"/> BUNDLES</td> <td><input type="checkbox"/> 4'X4'</td> </tr> <tr> <td><input type="checkbox"/> REELS</td> <td><input type="checkbox"/> PYRAMID TOP</td> </tr> <tr> <td><input type="checkbox"/> MIXED</td> <td><input type="checkbox"/> STRETCH WRAPPED</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> BANDED</td> </tr> <tr> <td colspan="3">SHIPMENT EXCEEDS 12 FEET OF TRAILER</td> </tr> <tr> <td colspan="3">MORTON MOTOR EXPRESS B/L LABEL</td> </tr> </table>								<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"/> PYRAMID TOP	<input type="checkbox"/> MIXED	<input type="checkbox"/> STRETCH WRAPPED	<input type="checkbox"/> BANDED			SHIPMENT EXCEEDS 12 FEET OF TRAILER			MORTON MOTOR EXPRESS B/L LABEL		
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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
540861	5/1/2024	VER68210108		00522953

Consignee: INTERNATIONAL FOAM
10530 WESTLAKE DR
Charlotte, NC 28273

Ref Type	Ref Number
Seal Number	38

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

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

5/1/2024 03:30 PM

HM	Pallets	Pieces	Description	Quantity	Rate	Charges	Shipment
	2		ROLLS OF CLOTH	524.00			
	2	0		524.00	Total:		PPD

Order Task Instruction

Deliver Load

Received in good order unless otherwise noted by:

Name: Dan CS J Date:

Signature: PCS:



DR00522953