



# 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
541561	8/15/2024	VER68210108	8/15/2024	9/14/2024	00525102

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

Ref Type	Ref Number
BOL	81424-501

**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		CLOTH	153.00		
		Minimum Charge			\$89.17
		Fuel Surcharge	89.17	0.2790	\$24.88
1			153.00		\$114.05 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.\*\*



INV00525102

Date: 08/14/2024		<b>BILL OF LADING</b>		Page <u>1</u>	
SHIP FROM			Bill of Lading Number: 81424-501		
Name: Cherryville Public Warehouse, Inc. Address: 600 WEST ACADEMY STREET City/State/Zip: CHERRYVILLE NC SID#: A/C VERATEX			BAR CODE SPACE		
Name: International Foam Inc. Location #: _____ Address: 10530 WESTLAKE DRIVE City/State/Zip: CHARLOTTE, NC 28273 CID#: _____					
SHIP TO			CARRIER NAME: MORTON		
Name: VERATEX, INC Address: PO BOX 682 City/State/Zip: NEW YORK NY			00525102  <input type="checkbox"/> PIECES <input type="checkbox"/> ON SKIDS    # OF PIECES _____ <input type="checkbox"/> SKIDS <input type="checkbox"/> ON FLOOR <input type="checkbox"/> LONG <input type="checkbox"/> FLAT TOP <input type="checkbox"/> DRUMS <input type="checkbox"/> SHORT <input type="checkbox"/> PYRAMID TOP <input type="checkbox"/> ROLLS <input type="checkbox"/> 4'X4' <input type="checkbox"/> STRETCH WRAPPED <input type="checkbox"/> BUNDLES <input type="checkbox"/> REELS <input type="checkbox"/> BANDED <input type="checkbox"/> MIXED		
THIRD PARTY FREIGHT CHARGES BILL TO:			SHIPMENT EXCEEDS 12 FEET OF TRAILER <input type="checkbox"/> MORTON MOTOR EXPRESS B/L LABEL		
SPECIAL INSTRUCTIONS:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>		
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
SHIPPING ORDER#20340		6	1650	<input checked="" type="checkbox"/> N	YARDS
				<input type="checkbox"/> Y	
				<input type="checkbox"/> Y	
				<input checked="" type="checkbox"/> N	
				<input type="checkbox"/> Y	
GRAND TOTAL		6	1650		
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	NMFC # CLASS
1	Pallet	6	Rolls	153	ROLLS OF CLOTH
1		6		153	
				GRAND TOTAL	
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: <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. Signature _____ Shipper	
SHIPPER SIGNATURE / DATE		Trailer Loaded:		CARRIER SIGNATURE / PICKUP DATE	
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.		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		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. Property described above is received in good order, except as noted.	
		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			

City Bank 6/15/24



# Delivery Receipt

## Morton Motor Express

P.O. BOX 349, Clemmons, NC 27012

Phone: 336-235-3960 Fax:

Web: mortonexpress.com

<b>Equipment</b> 541561	<b>Ship Date</b> 8/14/2024	<b>Bill-to Code</b> VER68210108	<b>Bill Date</b>	<b>Pro Number</b> 00525102
<b>Consignee:</b> INTERNATIONAL FOAM 10530 WESTLAKE DR Charlotte, NC 28273		<b>Ref Type</b>	<b>Ref Number</b>	
8/15/2024 -				
<b>Shipper:</b> CHERRYVILLE PUBLIC WAREHOUSE 600 W ACADEMY ST Cherryville, NC 28021		<b>Bill to:</b> VERATEX INC P.O. BOX 682 New York, NY 10108		
8/14/2024 - 03:30 PM				
<b>HM Pallets</b> 1	<b>Pieces</b> 0	<b>Description</b> CLOTH	<b>Quantity</b> 153.00	<b>Rate</b> 153.00
			<b>Charges</b>	<b>Shipment</b> PPD
			<b>Total:</b>	

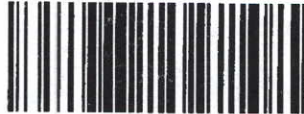
### Order Task Instruction

Deliver Load

Received in good order unless otherwise noted by:

Name: Daniel S Date: \_\_\_\_\_

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



DR00525102