



# 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
53168, 53178	5/13/2025	VER68210108	5/14/2025	6/13/2025	00530945

Bill to:	Ref Type	Ref Number
VERATEX INC P.O. BOX 682 New York, NY 10108	BOL	51225-501

**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
2		ROLLS OF CLOTH	807.00	50.9000	\$410.76
		Deficit Weight	193.00	50.9000	\$98.24
		Discount	509.00	-0.8000	(\$407.20)
		Fuel Surcharge	101.80	0.2560	\$26.06
		Less payments received as of 7/1/2025			\$-0.00
2		Balance Due	807.00		<b>\$127.86 PPD</b>

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.\*\*



INV00530945

**PAST DUE**  
Payment due upon receipt

Date: 05/12/2025

## BILL OF LADING

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SHIP FROM		Bill of Lading Number: 51225-501							
Name: Cherryville Public Warehouse, Inc. Address: 600 WEST ACADEMY STREET City/State/Zip: CHERRYVILLE NC SID#: A/C VERATEX, INC		FOB: <input type="checkbox"/>							
SHIP TO		CARRIER NAME: MORTON							
Name: International Foam Inc Location #: _____ Address: 10530 WESTLAKE DRIVE City/State/Zip: CHARLOTTE, NC 28273 CID#: _____		Trailer number: 00530945							
FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:		Pieces: <input type="checkbox"/> SKIDS <input type="checkbox"/> ON SKIDS <input type="checkbox"/> DRUMS <input type="checkbox"/> ON FLOOR <input type="checkbox"/> # OF PIECES _____ <input type="checkbox"/> ROLLS <input type="checkbox"/> LONG <input type="checkbox"/> FLAT TOP <input type="checkbox"/> BUNDLES <input type="checkbox"/> SHORT <input type="checkbox"/> PYRAMID TOP <input type="checkbox"/> REELS <input type="checkbox"/> 4'X4' <input type="checkbox"/> STRETCH WRAPPED <input type="checkbox"/> MIXED <input type="checkbox"/> BANDED							
Name: VERATEX, INC Address: P.O. BOX 682 City/State/Zip: NEW YORK, NY 10108-0682		F: SHIPMENT EXCEEDS 12 FEET OF TRAILER <input type="checkbox"/> unless marked otherwise Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>							
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading							
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT						
ORDER#20436		20	9844						
GRAND TOTAL		20	9844						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	H.M. (X)		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 360		NMFC #	CLASS
2 Pallets		20	Rolls	807		ROLLS OF CLOTH			
2		20		807		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						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
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	
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			<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. Signature: <i>Timothy E. Dorsey</i> Property described above is received in good order, except as noted.	

*MOTION GSP 53168  
5/13/25 25Kds*



# 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
53168	5/13/2025	VER68210108		00530945
Consignee:	INTERNATIONAL FOAM			
10530 WESTLAKE DR	Ref Type	Ref Number		
Charlotte, NC 28273	BOL	51225-501		
5/14/2025				
Shipper:	CHERRYVILLE PUBLIC WAREHOUSE	Bill to:	VERATEX INC	
600 W ACADEMY ST		P.O. BOX 682		
Cherryville, NC 28021		New York, NY 10108		
5/13/2025	03:30 PM			
HM	Pallets	Pieces	Description	Quantity
	2		ROLLS OF CLOTH	807.00
	2	0		807.00
				Total: PPD

**Order Task      Instruction**

Deliver Load

Received in good order unless otherwise noted by:

Name: Dairy Leiva Date: 5-14-25

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



DR00530945