

VERATEX, INC.
P.O. Box 682
New York, NY 10108-0682

Phone: 1-212-683-9300
Fax: 1-212-889-5573

I N V O I C E

DATE: 02/15/2017 INVOICE: 31423
CUST#: 3976
TERMS: NET 30 FOB MILL SALESMAN: HSE
NC

SOLD TO

GREENWOOD MARKETING LLC
DBA RESTORATIVE MEDICAL
79 PRIMROSE ST.
WHITE PLAINS, NY 10606

SHIPPED TO

RESTORATIVE MEDICAL
332 EAST BROADWAY
BRANDENBURG, KY 40108

B/L # 29945 VIA FEDEX GROUND AC 1 CASES

QUANTITY	DESCRIPTION	PRICE	AMOUNT
263.000 LIN	V200 WHITE 60" POLYESTER MESH OUR ORDER: 17683/1 CUSTOMER ORDER: 2530	1.330 LIN	349.79

CASES: 5067774

349.79

This invoice is payable to VERATEX, INC. ONLY

All knitted goods are subject to imperfections. Examination must be made before goods have been processed or cut as no claims will be recognized at any time after goods have been processed or cut.

Continuing guaranty under The Textile Fiber Products Identification Act filed with the Federal Trade Commission.

UNIFORM STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE - Short Form

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading.

Carrier: CFG65
FEDEX GROUND

Date: 02/14/2017

Shipper No. 0000029945

At:

From:

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 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 Official, Southern, Western and Illinois Freight Classifications 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.

Consigned To:	(Destination)	Bill Freight To:
RESTORATIVE MEDICAL INC.		RESTORATIVE MEDICAL INC.
332 EAST BROADWAY		332 EAST BROADWAY
BRADENBURG, KY 40108 US		BRADENBURG, KY 40108 US

Freight Charges

Collect

Subject to Section 7 of the agreement between Shipper and Carrier, if the shipment is to be delivered to the consignee without recourse of 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.

Sold To:
VERATEX

Qty	Unit Type	Gross Lbs	Gross Kgs	NMFC Desc of Materials	Yards	Meters
1	ROLL	50.4	22.9	ITM 49265 SUB9 CLASS70	263.00	240.5
1		50.4	22.9		263.00	240.5

(Signature of Shipper)

C.O.D. SHIPMENT

C.O.D. Amt. _____

Collection Fee _____

Total Charges _____

C.O.D. CHARGE
TO BE PAID BY

Special Instructions:

BILL FREIGHT TO:
ACCT# 502468987
RESTORATIVE MEDICAL INC
PLEASE INSURE \$400

Invoice:
Customer:
Dept:
PO Number:

Date: 14Feb17
Wgt: 50.00 LBS
COD:
DV: 400.00

SHIPPING: 0.00
SPECIAL: 0.00
HANDLING: 0.00
TOTAL: 0.00

DETAILS ON ATTACHED PACKING LIST
0002059696 (19061)

Svcs: GND BLL RCP D/V
TRCK: 714358303349

MUST RIDE FLAT DO NOT STAND ON END

PACKING SLIPS MUST ACCOMPANY SHIPMENT

*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.

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 _____ per _____

The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certification thereon, and all other requirements of the Consolidated Freight Classification.

Permanent Address of Shipper:

GLEN RAVEN TECHNICAL FABRICS, LLC
PARK AVENUE PLANT
1831 NORTH PARK AVENUE
GLEN RAVEN, NC 27217 US

Pro Number 714358303349

Shipper, Per
Signature
not available

Consignee

Date

Received in good order except as noted above

PAGE 1 OF 1

DATE SHIPPED: 02/14/2017
SHIPPED VIA: FEDEX GROUND

SHIP TO: RESTORATIVE MEDICAL INC.
332 EAST BROADWAY
BRADENBURG, KY 40108
UNITED STATES

PACKING SLIP#: 0002059696

REF S.O# 0034272000

CASE#	PIECE#	WIDTH	GRADE	LBS	KG	LENGTH	ALT LENGTH	OTHER REFERENCE
FC V200-F60-10965			VERATX.V10209P.WHITE.POLY				WHITE	MO#: 0024305200
005067774	FSF04-9516-1	60	011	50.40	22.86	263.00 YD	240.49 M	19687
WORK ORDER TOTALS:				1 PCS	50.40	22.86	263.00	240.49
SALES ORDER TOTALS:				1 PCS	50.40	22.86	263.00	240.49

BILL FREIGHT TO:
ACCT# 502468987
RESTORATIVE MEDICAL INC
PLEASE INSURE \$400

GRAND TOTALS: 1 PCS 50.40 22.86 263.00 240.49

SHIPMENT