

VERATEX, INC.

P.O. BOX 682, NEW YORK, NY 10108

PHONE: 212-683-9300 FAX: 212-889-5573 EMAIL: customerservice@veratex.nyc

I N V O I C E

INVOICE: 32307
DATE: 11/15/2021

CUST#: 2511
TERMS: NET 30 FOB MILL
NC
SALESMAN: HSE

SOLD TO: JOG-A-LITE, INC.
DIV.OF CUSTOM SAFETY, USA
P.O.BOX 149. HIGH STREET
SILVER-LAKE, NH 03875

SHIPPED TO: JOG-A-LITE INC.
DIV. CUSTOM SAFETY USA.
18 HIGH STREET
SILVER LAKE, NH 03875

B/L#: VT111621 VIA UPS FREIGHT
NUMBER OF PIECES: 3

QUANTITY	DESCRIPTION	PRICE	AMOUNT
400.000 LIN	V10444 ROYAL 50" TETON NET OUR ORDER: 18466/1 ORDER: 7853	5.800 LIN LOT#: 70264/570394	2,320.00
PIECES: 5703940101 5703940102			
200.000 LIN	V10444 BLACK 50" TETON NET OUR ORDER: 18466/2 ORDER: 7853	5.800 LIN LOT#: 70264/568333	1,160.00
PIECES: 5683330203			
			3,480.00

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.?

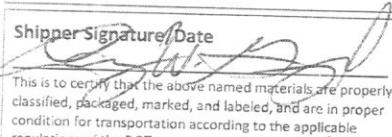
BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

SHIP FROM		Bill of Lading Number VT 11-16-21-001	
VERATEX INC. c/o TST Logistics Warehouse 533 N. Park Avenue Burlington, NC 27217 SID No.: _____		BAD CODE IMAGE	
SHIP TO		Carrier Name: UPS FREIGHT Trailer number: _____ Serial number(s): _____	
JOG-A-LITE INC. DIV. CUSTOM SAFETY USA 18 HIGH STREET SILVER LAKE, NH 03875 SID No.: _____		SCAC: _____ Pro Number: _____	
BILL 3 RD PARTY FREIGHT CHARGES TO		LIMITATIONS OF LIABILITY APPLY. SUBJECT TO LIMITS OF LIABILITY OF THE CARRIER'S RULES TARIFF. CUSTOMER SERVICE 1-800-333-7400  UPS Freight 914 168 662 GBO	
Special Instructions: NMFC49265		Freight Charge Terms (Freight charges are prepaid unless marked otherwise): <input checked="" type="radio"/> Prepaid <input type="radio"/> Collect <input type="radio"/> C.O.D.	

CUSTOMER ORDER INFORMATION				
Customer Order No.		# of Packages	Weight	Pallet/Slip
				<input type="radio"/> Yes <input checked="" type="radio"/> No
				<input type="radio"/> Yes <input checked="" type="radio"/> No
				<input type="radio"/> Yes <input checked="" type="radio"/> No
Grand Total				

CARRIER INFORMATION						LTL Only	
Handling Unit		Package		Commodity Description		NMFC No.	Class
Qty	Type	Qty	Type	Weight	HM (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	
3	ROLLS	1	PALLET	356		V10444 ROYAL & V10444 BLACK	
						CUSTOMER ORDER 7853	
						70	
3	rolls	1	PALLET				
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: <input type="radio"/> Collect <input checked="" type="radio"/> Prepaid <input type="radio"/> Customer check acceptable

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).

Received, subject to individually determined rate 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 charges and all other lawful fees. Shipper Signature _____	
Shipper Signature/Date  This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. 16 Nov 21		Trailer Loaded: <input checked="" type="radio"/> By shipper <input type="radio"/> By driver	Freight Counted: <input checked="" type="radio"/> By shipper <input type="radio"/> By driver/pallets said to contain <input type="radio"/> By driver/pieces
		Carrier Signature/Date 3/16 TJS memo 11/16/21 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	