

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: 32320 CUST#: 3998
DATE: 09/27/2021 TERMS: NET CASH

SALESMAN: HSE

SOLD TO: UPS FREIGHT SHIPPED TO: SAME
CLAIMS PROCESSING CENTER
P.O. BOX 1265
NEWPORT NEWS, VA 23601

B/L#: 79274 VIA
NUMBER OF PIECES: 1

QUANTITY	DESCRIPTION	PRICE	AMOUNT
300.000 LIN	V10212 WHITE 60" POLYESTER TRICOT OUR ORDER: 18442/1 ORDER: 4106	1.800 LIN LOT#: 20129/8121517	540.00
PIECES: 1559800402B			540.00

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.?



October 16, 2021
Shipper 126706
Page 3 of 3

REQUEST FOR CLAIM PAYMENT

If you are filing your claim electronically, please complete this form online. To fax or mail your claim, complete the form in black ink. Include the lesser of your **actual** cost of the merchandise, **replacement** cost or **repair** cost if repairable, include your transportation charges. The preceding letter includes instructions on filing a claim and a **toll free fax number for your convenience 24 hours a day**. For reference, this claim is identified by **Claim Number 3796112401A**, and **Shipper Number 126706**.

Declaration: By my signature below, I certify that the information provided in this Request for Claim Payment and all communications related to this Request, including but not limited to statements as to the actual content and value of items that have been lost or damaged, are true and accurate to the best of my knowledge, and that this Request has been submitted in good faith.

Signature of Claimant: Che C Name: Wei Chang Date: 10/29/21
(print) (mm/dd/yyyy)

SHIPMENT TO: DBA RESTORATIVE MEDICAL GREENWOOD MARKETING LLC 332 EAST BROADWAY BRANDENBURG KY 40108			
Shipper Number.....	126706	Pickup Date.....	09/27/21
Number of Parcels.....	1	Weight.....	66.90 LBS
Consignee P.O. Number.....	4106	Could this merchandise be replaced for your customer? If damaged, is the merchandise repairable? If damaged, UPS may issue a Recovery Call Tag to take possession of the merchandise.	
Tracking Identification Number...1Z1267060355208280		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Quantity Merchandise Description Specify Dollar Amount and Indicate Whether Actual, Replacement or Repair Cost	
<u>300 Lin Yds Polyester Tricot</u> <u>Color White 60"</u>		<u>\$540.00</u>	
Transportation Charges:		<u>59.67</u>	
Total Amount Requested:		<u>\$599.67</u>	
Please provide a contact name and telephone number in the event further communication is necessary.			
CONTACT NAME:	<u>Wei Chang</u> PHONE: <u>212-683-9300</u>		
Please provide any additional Tracking Number(s) for the above shipment: Tracking Number(s):			

To File a claim by Fax:

Fax this completed Request for Claim Payment form and your other documents to:

1-888-458-7703

To File a claim by Mail:

Mail this completed Request for Claim Payment form and your other documents to:

Claims Processing Center
P.O. BOX 1265
Newport News VA 23601-1265

T890NTFM:000A0000

LDI 20



AAXQP5QE01



October 16, 2021
Shipper 126706
Page 2 of 3

DAMAGE/LOSS NOTIFICATION

INQUIRY FROM: GEHRING TEX/S HUNT
P.O. BOX 272 RTE 72
DOLGEVILLE NY 13329-0272

SHIPMENT TO: DBA RESTORATIVE MEDICAL GREENWOOD MARKETING LLC 332 EAST BROADWAY BRANDENBURG KY 40108	
Shipper Number.....	126706
Number of Parcels.....	1
Consignee P.O. Number.....	4106
Tracking Identification Number.....	1Z1267060355208280
Pickup Date.....	.09/27/21
Weight.....	66.90 LBS

WE HAVE BEEN UNABLE TO PROVIDE SATISFACTORY PROOF OF DELIVERY FOR
THE ABOVE SHIPMENT. WE APOLOGIZE FOR THE INCONVENIENCE THIS CAUSES.

T890NTFM:000A0000

LDI 20



UPS Customer Service
P.O. BOX 1265
Newport News VA 23601-1265

October 16, 2021
Shipper 126706
Page 1 of 3

DAMAGE/LOSS NOTIFICATION



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MB 01 003311 96851 H 17 A

GEHRING TEX/S HUNT
P.O. BOX 272 RTE 72
DOLGEVILLE NY 13329-0272



Dear Customer:

We regret that your shipment with UPS was lost or damaged. In order to expedite the processing of a claim, please **promptly submit the required information listed below**.

Please note that if you have already submitted the required information, you may disregard this notice. If necessary, UPS will contact you for any additional information.

Documents required to support a claim:

1. **Request for Claim Payment Form:** Enter the lesser of the actual cost, replacement cost if the merchandise can be replaced, or repair cost if the merchandise can be repaired, and transportation charges.
2. **Merchandise Value:** Provide a copy of the original invoice. If the original invoice is not available, you must provide other proof, certified in writing, sufficient to identify the package contents and to substantiate the lesser of the actual cost, replacement cost or repair cost of the merchandise.
3. **Shipping Record:** Provide a copy of the shipping record for the package.

To send claim paperwork electronically:

- Access the claim from the claims dashboard
https://www.ups.com/claims?loc=en_US

- For claims not located in your claims dashboard
https://www.ups.com/claimdocs?loc=en_US

To file a claim by fax or mail see the enclosed **Request for Claim Payment Form**.

We apologize for any inconvenience this may have caused. We strive to provide quality service and look forward to serving you in the future. If the required documents are not timely received by UPS, your claim may be denied.

UPS Customer Service