



UNIFOUR FINISHERS, INC.
PO BOX 1965
HICKORY, NORTH CAROLINA 28603-1965
828.322.9435 (MAIN) 828.322.8257 (FAX)

INVOICE # **24085**
DATE **11/27/24**
PAGE **1**

VERATEX
71 TONJES RD
CALLICOON NY 12723

MASTER INVOICE

Terms: NET 30 DAYS

CUSTOMER PO/MEMO	STYLE / COLOR	PCS	QUANTITY	ORDER#/PS#	PRICE/AMOUNT
19735	V11850 % WHITE	5	977.00 YDS	307249 79993	
PREVIOUSLY INVOICED ON INVOICE # 24073					
20361	V10580 % WHITE	1	59.00 YDS	306601 79993	
PREVIOUSLY INVOICED ON INVOICE # 24073					
		6	SUBTOTAL		\$.00
PALLETIZING CHARGES					23.00

REMIT TO VIA CHECK OR ACH:

UNIFOUR FINISHERS
PO BOX 1965
HICKORY, NC 28603

ACH-ABA 021052053
ACCT: 80913294
TYPE: CHECKING

INVOICE TOTAL: 6 PCS .00 LBS 1036.00 YDS \$23.00

All fabrics are subject to imperfections. Examination must be made immediately as no claims of any nature will be considered after 10 days or after the goods have been cut. Sales subject to strikes, accidents and other causes beyond our control. Please examine fabric. Not responsible after same leaves its original form. No Claims allowed after ten (10) days of receipt of merchandise. Face finishing of fabrics may tend to alter their hand and appearance. As this is an inexact process, we will not accept claims for minimal differences in hand and appearances. The buyer is to be aware and accepts the fabric described herein as is, with all faults pertaining to its non-flammability and the purchaser and those claiming thru purchaser waive and release any action against the seller for breach of expressed or implied warranty or product liability relative to the non-flammability of the described fabric. F.O.B. Hickory, NC. Terms: A finance charge of 1½% (18% per year) will be charged on any invoices over the terms as described on the invoice. No merchandise can be returned for credit without our authorization.

Date: 11/26/2024		BILL OF LADING						
SHIP FROM		Bill of Lading Number : 229848452						
Name: Unifour Finishers Address: 54-29th St NW City/State/Zip: HICKORY, NC 28603 Ph: 848-322-9435 Contact: Rick Setzer		Carrier Name: SOUTHEASTERN FREIGHT LINES SCAC: SEFL Pro number:						
SHIP TO		THANK YOU FOR SHIPPING SOUTHEASTERN FREIGHT LINES <small>CARRIER'S LIABILITY SHALL BE LIMITED TO A MAXIMUM OF \$10.00 PER LB. THIS SHIPMENT IS SUBJECT EXCLUSIVELY TO THE UNIFORM B/L. THE RELEASED VALUES AND OTHER PROVISIONS OF NMFC 100 & SEFL 1090 SERIES TARIFFS.</small> 40053187-9						
Name: Restorative Medical inc Address: 332 E Broadway City/State/Zip: BRANDENBURG, KY 40108 Ph: (317) 308-1945 Contact: Receiver								
FREIGHT CHARGES BILL TO		Freight Charge Terms: (freight charges are prepaid by Worldwide Express unless indicated otherwise)						
Name: Worldwide Express Address: 2323 Victory Avenue Ste 1600 City/State/Zip: Dallas, TX 75219		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading						
		WWE Number: W311788893						
SPECIAL INSTRUCTIONS: For assistance, please call 833-6WE-SHIP Handling Instructions: case 09122463 Pickup Instructions: Delivery Instructions:								
REFERENCE NUMBER INFORMATION								
REFERENCE	# PKGS	REFERENCE	# PKGS					
ZZ3:								
PO:		case 09122463						
		Total # of Pkgs 0						
CARRIER INFORMATION								
HANDLING UNITS		PIECES		WEIGHT	H.M.	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE	LBS	X		NMFC#	CLASS
1	PLT	6	ROL	382		fabric , 48(L) x 66(W) x 28(H) DO NOT STACK		125
1		6		382		Grand Total		
Where the rate is dependent on value , shippers are required to state specifically in writing the agreed or declared value of 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: 3 rd Party WWE Remit Address:		Acceptable Forms of Payment: <input type="checkbox"/> Bank Certified Check <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)						CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and carrier has DOT emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.		
SHIPPER'S SIGNATURE / DATE This is to certify that the above-named materials are property classified, described, packaged marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.						Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallet said to contain <input type="checkbox"/> By Driver/Pieces
(Signature) <i>Costa Dalli</i> (Date) <i>11-26-24</i>						(Signature) <i>[Signature]</i> (Date) <i>11-26-24</i>		

13.348
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#23



UNIFOUR FINISHERS, INC.
P.O. BOX 1965 / 120 21ST STREET NW
HICKORY, NORTH CAROLINA 28603-1965
828.322.9435 (MAIN) 828.322.8257 (FAX)

PACKING SLIP **79993**
DATE **11/26/2024**
PAGE **1**

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VIA:

PIECE NO.	WEIGHT	YARDS	RACK	
PO # 19735	STYLE: V11850		WO # 307249	
MEMO #	VENDOR: %			
COLOR #	COLOR: WHITE			
5086378	64.70	208.70		
5086379	79.80	250.00		
5086383	78.20	250.00		
5086388	29.90	83.30		
5087566	59.30	185.00		
Total	311.90	977.00	PIECES	5

PO # 20361	STYLE: V10580		WO # 306601	
MEMO #	VENDOR: %			
COLOR #	COLOR: WHITE			
4577320	21.80	59.00		
Total	21.80	59.00	PIECES	1

PAGE TOTAL	333.70	1036.00	PIECES	6	
GRAND TOTAL	333.70	1036.00	PIECES	6	**