

Fill in this information to identify the case:

Debtor 1 United Site Services Northeast, Inc.
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court District of New Jersey
Case number: 25-23639

FILED

U.S. Bankruptcy Court
District of New Jersey

1/2/2026

Jeanne Naughton, Clerk

Official Form 410
Proof of Claim

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents**; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>CORPORATE BILLING</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Allegiance Trucks Linden</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>CORPORATE BILLING</u> Name <u>PO BOX 1726</u> <u>DECATUR, AL 35283</u> Contact phone <u>256-584-3600</u> Contact email <u>BANKRUPTCYNOTICE@CORPBILL.COM</u> Uniform claim identifier (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>CORPORATE BILLING</u> Name <u>DEPT. 100 PO BOX 830604</u> <u>BIRMINGHAM, AL 35602</u> Contact phone <u>256-584-3600</u> Contact email <u>BANKRUPTCYNOTICE@CORPBILL.COM</u>
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>5374</u>										
7. How much is the claim?	\$ <u>4783.41</u> <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>										
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. <u>Good sold, services performed</u>										
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Amount necessary to cure any default as of the date of the petition:</td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Annual Interest Rate (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	Value of property:	\$ _____	Amount of the claim that is secured:	\$ _____	Amount of the claim that is unsecured:	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)	Amount necessary to cure any default as of the date of the petition:	\$ _____	Annual Interest Rate (when case was filed)	_____ %
Value of property:	\$ _____										
Amount of the claim that is secured:	\$ _____										
Amount of the claim that is unsecured:	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)										
Amount necessary to cure any default as of the date of the petition:	\$ _____										
Annual Interest Rate (when case was filed)	_____ %										
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____										
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____										

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- ☒ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 1/2/2026
MM / DD / YYYY

/s/ Janice Heard

Signature

Print the name of the person who is completing and signing this claim:

Name	Janice Heard		
	First name	Middle name	Last name
Title	Loss Prevention Recovery Collector		
Company	Corporate Billing		
	Identify the corporate servicer as the company if the authorized agent is a servicer		
Address	239 Johnston Stree SE		
	Number Street		
	Decatur, AL 35601		
	City	State	ZIP Code
Contact phone	256-584-3639		Email Janice.Heard@Corpbill.com

ALLEGIANCE
— TRUCKS® —

Dept 100 PO Box 830604
Birmingham, AL 35283



139499-02B**019793
UNITED SITE SERVICES NORTHEAST INC
3168 Bordentown ave.
Old Bridge nj 08857



**corporate
billing**
A Division of SouthState Bank



To access invoices, payments, and account
statements online visit
<https://cbcentral.corpbill.com/>

Email us at customerservice@corpbill.com to sign
up for email statements and invoices.

Phone: (877) 584-3600 Option 3
Email: customerservice@corpbill.com

Statement of Account

11/04/2025 to 12/01/2025

Due Date: 12/15/2025

Total Balance Due: \$4,783.41

Account Summary

ALLEGIANCE TRUCKS

Account: 45374

Purchases \$4,783.41

Credit Memos \$0.00

Total Balance Due \$4,783.41

Past Due Balances

1 - 30	\$1,616.42
31 - 60	\$1,929.67
61 - 90	\$0.00
Over 90	\$0.00

Allegiance Trucks, LLC - Linden

DATE	INVOICE	PO/REF	ORIGINAL AMOUNT	BALANCE DUE
09/10/2025	X403251051:01	444280	\$1,494.81	\$1,494.81
09/15/2025	X403251701:01	444668	\$271.79	\$271.79
09/17/2025	X403251701:02	444668	\$163.07	\$163.07
10/29/2025	X403257520:01	001315	\$1,616.42	\$1,616.42
11/04/2025	X403257520:02	001315	\$72.14	\$72.14
11/18/2025	X403260009:01	6003009	\$903.97	\$903.97
11/28/2025	X403260009:02	6003009	\$261.21	\$261.21
			Location Total:	\$4,783.41

KEEP FOR YOUR RECORDS

Page 1 of 4

KEEP FOR YOUR RECORDS

RETURN WITH YOUR PAYMENT



UNITED SITE SERVICES NORTHEAST INC

Payment Remit

Prepared For: ALLEGIANCE TRUCKS

Total Due: \$4,783.41

11/04/2025 to 12/01/2025

Due Date: 12/15/2025

Account: 45374

To ensure proper credit, please check items being paid, indicate the total amount paid, and return all remittance pages with your payment. If paying electronically, please email payment advice to remittance@corpbill.com.

Allegiance Trucks, LLC - Linden

Date	Invoice	Balance Due	Paid
09/10/2025	X403251051:01	\$1,494.81	<input type="checkbox"/>
09/15/2025	X403251701:01	\$271.79	<input type="checkbox"/>
09/17/2025	X403251701:02	\$163.07	<input type="checkbox"/>
10/29/2025	X403257520:01	\$1,616.42	<input type="checkbox"/>
11/04/2025	X403257520:02	\$72.14	<input type="checkbox"/>
11/18/2025	X403260009:01	\$903.97	<input type="checkbox"/>
11/28/2025	X403260009:02	\$261.21	<input type="checkbox"/>

For proper delivery, affix correct postage and ensure that the address shows through the window of the return envelope.
Thank you for your business.

Would you rather pay by ACH instead of check? Email us for ACH instructions at customerservice@corpbill.com, or if you need invoice copies please email us at customerservice@corpbill.com with your account number and the invoices needed.

UNITED SITE SERVICES NORTHEAST INC	
Account	45374
Payment Amount	\$

Please mail all payments to:



CORPORATE BILLING
DEPT 100 PO BOX 830604
BIRMINGHAM, AL 35283

RETURN WITH YOUR PAYMENT

RETURN WITH YOUR PAYMENT

RETURN WITH YOUR PAYMENT



AT NORTHERN NEW JERSEY, LLC
ALLEGIANCE TRUCKS LINDEN

1410 East Linden Ave.
LINDEN, NJ 07036
P:(908) 862-8181
F:(908) 862-7621



BILL TO
UNITED SITE SERVICES NORTHEAST INC - 45374
118 FLANDERS RD
WESTBOROUGH, MA 01581
P: (978) 873-7679

DELIVER TO
UNITED SITE SERVICES NORTHEAST
INC - 45374
3168 Bordentown ave.
Old Bridge nj 08857
P: (978) 873-7679

X403251051-01
X403251051-01
X403251051-01

PARTS INVOICE: X403251051:01

ESTIMATE: E403071442:01

DATE SHIPPED	SHIP VIA	DATE INVOICE	SALESPERSON	UNIT ID	VIN	SALE TYPE	TERMS	EMPID	CUS REFERENCE
9/10/2025	DELIVERY	9/10/2025 8:02 am	Ray Mulero			PRET	CB		444280

QTY SHP	QTY B/O	ITEM	DESCRIPTION	BIN	LIST PRICE	UNIT PRICE	EXTD PRICE
12		403P/31S-950AXL	AXL- HEAVY DUTY COMMERCIAL SER	W06C04	85.99	85.99	1,031.88
12		403P/31S-950AXL-CORE	950 CCA, RC 190 - CORE1015			31.25	375.00

THANK YOU-WE APPRECIATE YOUR BUSINESS

DISCLAIMER:

The seller hereby expressly disclaims all warranties, either express or implied, including all implied warranties of merchantability or fitness for the particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sales of these parts. Customer agrees to pay all costs of collections, including attorney fees, if amount due on invoice become delinquent. Due and payable by 10th of following month, subject to late charges of 1.5% per month. No refund without this invoice. 25% handling charge on parts returned within 10 days. Special order and electrical parts not returnable. No parts returnable after 10 days. All cores must be returned within 30 days or no returns will be accepted.

SUB-TOTAL	\$ 1,406.88
PREPAY	\$ 0.00
TAX	\$ 87.93
SHIPPING	\$ 0.00
TOTAL	\$ 1,494.81

Please Remit Payment to:
AT NORTHERN NEW JERSEY, LLC
CORPORATE BILLING LLC
DEPT 100 PO BOX 830604
BIRMINGHAM, AL 35283

SIGNATURE X



AT NORTHERN NEW JERSEY, LLC
ALLEGIANCE TRUCKS LINDEN

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X403251701-01
X403251701-01
X403251701-01

PARTS INVOICE: X403251701:01

ESTIMATE: E403071959:01

DATE SHIPPED	SHIP VIA	DATE INVOICE	SALESPERSON	UNIT ID	VIN	SALE TYPE	TERMS	EMPID	CUS REFERENCE
9/15/2025	DELIVERY	9/15/2025 12:19 pm	Ray Mulero			PRET	CB		444668

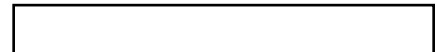
QTY SHP	QTY B/O	ITEM	DESCRIPTION	BIN	LIST PRICE	UNIT PRICE	EXTD PRICE
		3 - T801005924 AVE D					
5	3	403D/AF4878	AIR FILTER	W03G02	78.86	51.16	255.80

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SUB-TOTAL	\$ 255.80
PREPAY	\$ 0.00
TAX	\$ 15.99
SHIPPING	\$ 0.00
TOTAL	\$ 271.79



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AT NORTHERN NEW JERSEY, LLC
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DEPT 100 PO BOX 830604
BIRMINGHAM, AL 35283

SIGNATURE X



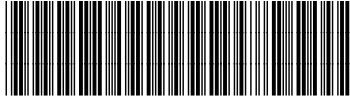
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PARTS INVOICE: X403251701:02
ESTIMATE: E403071959:01

DATE SHIPPED	SHIP VIA	DATE INVOICE	SALESPERSON	UNIT ID	VIN	SALE TYPE	TERMS	EMPID	CUS REFERENCE
9/15/2025	DELIVERY	9/17/2025 1:15 pm	Ray Mulero			PRET	CB		444668

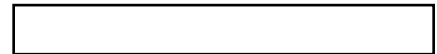
QTY SHP	QTY B/O	ITEM	DESCRIPTION	BIN	LIST PRICE	UNIT PRICE	EXTD PRICE
3		403D/AF4878	AIR FILTER	W03G02	78.86	51.16	153.48

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SUB-TOTAL	\$ 153.48
PREPAY	\$ 0.00
TAX	\$ 9.59
SHIPPING	\$ 0.00
TOTAL	\$ 163.07



Please Remit Payment to:
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DEPT 100 PO BOX 830604
BIRMINGHAM, AL 35283

SIGNATURE X



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ALLEGIANCE TRUCKS LINDEN

1410 East Linden Ave.
LINDEN, NJ 07036
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F:(908) 862-7621



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3168 Bordentown ave.
Old Bridge nj 08857
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X403257520-01
X403257520-01
X403257520-01

PARTS INVOICE: X403257520:01

ESTIMATE: E403074297:01

DATE SHIPPED	SHIP VIA	DATE INVOICE	SALESPERSON	UNIT ID	VIN	SALE TYPE	TERMS	EMPID	CUS REFERENCE
10/29/2025	DELIVERY	10/29/2025 9:13 am	Ray Mulero			PRET	CB		001315

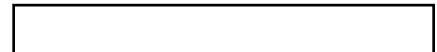
QTY SHP	QTY B/O	ITEM	DESCRIPTION	BIN	LIST PRICE	UNIT PRICE	EXTD PRICE
4		403P/RHO-S01	REV HUB CAP	012B02	26.95	24.45	97.80
4		403P/RM-D06	REV MAX SEAL	012B04	39.50	31.95	127.80
4		403P/RL-T03	REV-LOC NUT	012B04	49.95	38.95	155.80
	2	403P/RS-T03	REV SOCKET	NOLOC	49.95	33.95	
6		403D/FLTSX4707QPK	Fleetrite Drum Brake Shoe Kit	W07A01	100.01	45.00	270.00
6		403D/FLTSX4707QPK-CORE	Fleetrite Drum Brake Shoe Kit			40.00	240.00
6		403N/FLT4400B	Fleetrite Brake Drum	W07-WALL	304.73	104.99	629.94

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SUB-TOTAL	\$ 1,521.34
PREPAY	\$ 0.00
TAX	\$ 95.08
SHIPPING	\$ 0.00
TOTAL	\$ 1,616.42



Please Remit Payment to:
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CORPORATE BILLING LLC
DEPT 100 PO BOX 830604
BIRMINGHAM, AL 35283

SIGNATURE X



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X403257520-02
X403257520-02
X403257520-02

PARTS INVOICE: X403257520:02

ESTIMATE: E403074297:01

DATE SHIPPED	SHIP VIA	DATE INVOICE	SALESPERSON	UNIT ID	VIN	SALE TYPE	TERMS	EMPID	CUS REFERENCE
10/29/2025	DELIVERY	11/4/2025 7:47 am	Ray Mulero			PRET	CB		001315

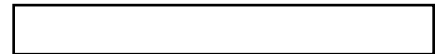
QTY SHP	QTY B/O	ITEM	DESCRIPTION	BIN	LIST PRICE	UNIT PRICE	EXTD PRICE
2		403P/RS-T03	REV SOCKET	012B03	49.95	33.95	67.90

THANK YOU-WE APPRECIATE YOUR BUSINESS

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SUB-TOTAL	\$ 67.90
PREPAY	\$ 0.00
TAX	\$ 4.24
SHIPPING	\$ 0.00
TOTAL	\$ 72.14



Please Remit Payment to:
AT NORTHERN NEW JERSEY, LLC
CORPORATE BILLING LLC
DEPT 100 PO BOX 830604
BIRMINGHAM, AL 35283

SIGNATURE X



ALLEGIANCETM
TRUCK CENTERS

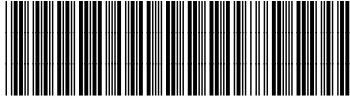
AT NORTHERN NEW JERSEY, LLC
ALLEGIANCE TRUCKS LINDEN

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P: (978) 873-7679



PARTS INVOICE: X403260009:01

ESTIMATE: E403075188:01

DATE SHIPPED	SHIP VIA	DATE INVOICE	SALESPERSON	UNIT ID	VIN	SALE TYPE	TERMS	EMPID	CUS REFERENCE
11/18/2025	DELIVERY	11/18/2025 12:50 pm	Ray Mulero			PRET	CB		6003009

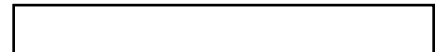
QTY SHP	QTY B/O	ITEM	DESCRIPTION	BIN	LIST PRICE	UNIT PRICE	EXTD PRICE
	8	403D/TF15090	Filter, Hydraulic	NOLOC	84.41	30.73	
24		403D/LF16110	Engine Oil Filter	W03A03	45.84	16.69	400.56
16		403D/FS19729	Fuel Filter, Fuel/water Separa	W03D03	40.08	14.58	233.28
12		403D/HF35296	Hyd Filter, Spin-on, Trans Oil	W03G06	49.67	18.08	216.96

THANK YOU-WE APPRECIATE YOUR BUSINESS

DISCLAIMER:

The seller hereby expressly disclaims all warranties, either express or implied, including all implied warranties of merchantability or fitness for the particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sales of these parts. Customer agrees to pay all costs of collections, including attorney fees, if amount due on invoice become delinquent. Due and payable by 10th of following month, subject to late charges of 1.5% per month. No refund without this invoice. 25% handling charge on parts returned within 10 days. Special order and electrical parts not returnable. No parts returnable after 10 days. All cores must be returned within 30 days or no returns will be accepted.

SUB-TOTAL	\$ 850.80
PREPAY	\$ 0.00
TAX	\$ 53.17
SHIPPING	\$ 0.00
TOTAL	\$ 903.97



Please Remit Payment to:

AT NORTHERN NEW JERSEY, LLC
CORPORATE BILLING LLC
DEPT 100 PO BOX 830604
BIRMINGHAM, AL 35283

SIGNATURE X



ALLEGIANCETM
TRUCK CENTERS

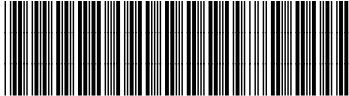
AT NORTHERN NEW JERSEY, LLC
ALLEGIANCE TRUCKS LINDEN

1410 East Linden Ave.
LINDEN, NJ 07036
P:(908) 862-8181
F:(908) 862-7621



BILL TO
UNITED SITE SERVICES NORTHEAST INC - 45374
118 FLANDERS RD
WESTBOROUGH, MA 01581
P: (978) 873-7679

DELIVER TO
UNITED SITE SERVICES NORTHEAST
INC - 45374
3168 Bordentown ave.
Old Bridge nj 08857
P: (978) 873-7679



PARTS INVOICE: X403260009:02
ESTIMATE: E403075188:01

DATE SHIPPED	SHIP VIA	DATE INVOICE	SALESPERSON	UNIT ID	VIN	SALE TYPE	TERMS	EMPID	CUS REFERENCE
11/18/2025	DELIVERY	11/28/2025 1:19 pm	Ray Mulero			PRET	CB		6003009

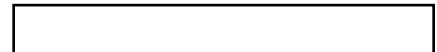
QTY SHP	QTY B/O	ITEM	DESCRIPTION	BIN	LIST PRICE	UNIT PRICE	EXTD PRICE
8		403D/TF15090	Filter, Hydraulic	W03A04	84.41	30.73	245.84

THANK YOU-WE APPRECIATE YOUR BUSINESS

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SUB-TOTAL	\$ 245.84
PREPAY	\$ 0.00
TAX	\$ 15.37
SHIPPING	\$ 0.00
TOTAL	\$ 261.21



Please Remit Payment to:
AT NORTHERN NEW JERSEY, LLC
CORPORATE BILLING LLC
DEPT 100 PO BOX 830604
BIRMINGHAM, AL 35283

SIGNATURE X