



Viking Express Freight

INVOICE

"Committed To Excellent Services"

Remit: Viking Express Freight Services, LLC

c/o J.O.B.E. Service, Inc. Dept.22

PO Box 4346 Houston, TX 77210-4346

Email: arprocess@jsifactoring.com

INVOICE# REX- 2738

DATE: 04-08-24

BILL TO: Zurn NMP Processing

c/o Cass Information Systems

P.O. BOX 67

ST. LOUIS, MO 63166

Ship Date	P.O. Number	Shipper	Consignee	Amount
03-27-24	1001066601	MILLER MAYS	BELKNAP PLBG.	\$200.00
			15% FSC	\$30.00

Make all checks payable to VIKING EXPRESS

TOTAL FREIGHT CHARGES DUE IN 7 DAYS.

If you have any questions concerning this invoice, call 832-256-6501.

Total Amount Due	\$230.00
-------------------------	-----------------

Driver
Copy

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001066601

Shipper: Miller Mays
Address: 4660 Pine Timbers Building #130
Houston, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Customer Reference
Shipment Date: 03-27-2024 **Carrier:** VIKING
PRO # :
Sales Order #: 17663171
PO # : S4531750
Trip # : 1066599
Payment Term: Absorbed

Consignee belknap plbg.
Address: 9030 solon rd.
Houston, TX 77064
Country: USA
Contact Name:
Phone No: Shop
Fax No:

Third Party Billing Information :
Zurn Ind. C/O Cass Information Systems
PO Box 67
Saint Louis, MO 63166

Comments/Special instructions:

Pickup Remarks:

Delivery Remarks:

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	2	0	210 - Spec Drain - Metal Drains	2,109 lbs	50.0	0.000	0.000	0.000	50810.2
Total:		2	0	2109					

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: _____

Date: 3/27/24

Trailer#: _____

Driver's Signature: _____

Date: _____

Trailer#: _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on 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. Call 414-808-0106 with problems.

Cosignee Signature: _____

Signature of Consignor

Print Name: JACK McClure

Company Name: Belknap Plumbing Sys.

Date: 3/27

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. Â§ 14706(c)(1)(A) and (B)



Viking Express Freight

INVOICE

"Committed To Excellent Services"

Remit: Viking Express Freight Services, LLC

c/o J.O.B.E. Service, Inc. Dept.22

PO Box 4346 Houston, TX 77210-4346

Email: arprocess@jsifactoring.com

INVOICE# REX- 2739

DATE: 04-08-24

**BILL TO: Zurn NMP Processing
c/o Cass Information Systems
P.O. BOX 67
ST. LOUIS, MO 63166**

Ship Date	P.O. Number	Shipper	Consignee	Amount
04-02-24	1001070113	MILLER MAYS	CFI MECH	\$250.00
			15% FSC	\$37.50

Make all checks payable to VIKING EXPRESS

TOTAL FREIGHT CHARGES DUE IN 7 DAYS.

If you have any questions concerning this invoice, call 832-256-6501.

Total Amount Due	\$287.50
-------------------------	-----------------

Driver
COPY

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001070113

Shipper: Miller Mays
Address: 4660 Pine Timbers Building #130
Houston, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Customer Reference
Shipment Date: 04-02-2024
PRO # :
Sales Order #: 17664025,
17672231
PO # : S117753613, Need PO
Trip # : 1070111

Carrier: V/KING
Payment Term: Absorbed

Consignee CFI MECHANICAL
Address: 6109 BRITTMORE
HOUSTON, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Third Party Billing Information :
Zurn Ind. C/O Cass Information Systems
PO Box 67
Saint Louis, MO 63166

Shop

Comments/Special Instructions:
Pickup Remarks:

Delivery Remarks:

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	4	0	210 - Spec Drain - Metal Drains	3,276 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	4	0		3276					

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature:

Date:

Trailer#:

Driver's Signature:

Date:

Trailer#:

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on 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. Call 414-808-0106 with problems.

Signature of Consignor

Cosignee Signature:

Print Name:

Company Name:

Date:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. Â§ 14706(c)(1)(A) and (B)



Viking Express Freight

INVOICE

"Committed To Excellent Services"

Remit: Viking Express Freight Services, LLC

c/o J.O.B.E. Service, Inc. Dept.22

PO Box 4346 Houston, TX 77210-4346

Email: arprocess@jsifactoring.com

INVOICE# REX- 2740

DATE: 04-08-24

BILL TO: Zurn NMP Processing

c/o Cass Information Systems

P.O. BOX 67

ST. LOUIS, MO 63166

Ship Date	P.O. Number	Shipper	Consignee	Amount
04-08-24	1001073839	MILLER MAYS	TEXAS PLBG.	\$375.00
			15% FSC	\$56.25

Make all checks payable to VIKING EXPRESS

TOTAL FREIGHT CHARGES DUE IN 7 DAYS.

If you have any questions concerning this invoice, call 832-256-6501.

Total Amount Due	\$431.25
-------------------------	-----------------

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001073839

Shipper: Miller Mays
Address: 4660 Pine Timbers Building #130
Houston, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Customer Reference
Shipment Date: 04-08-2024
PRO # :
Sales Order #: 17648690
PO # : P1111525
Trip # : 1073837

Carrier: *Viking Express*
Payment Term: Absorbed

Consignee Texas Plbg Supply
Address: 9333 S Sam Houston Pkwy W
Missouri City, TX 77489
Country: USA
Contact Name: Fred Ripper
Phone No: (281) 626-9100
Fax No:

Third Party Billing Information :
Zurn Ind. C/O Cass Information Systems
PO Box 67
Saint Louis, MO 63166

Comments/Special Instructions:
Pickup Remarks:

Delivery Remarks:

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	2	0	210 - Spec Drain - Metal Drains	6,147 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	2	0		6147					

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: 

Date: *4-8-24*

Trailer#: _____

Driver's Signature: _____

Date: _____

Trailer#: _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on 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. Call 414-808-0106 with problems.

Signature of Consignor

Cosignee Signature: 

Print Name: _____

Company Name: _____

Date: _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. Â§ 14706(c)(1)(A) and (B)



Viking Express Freight

INVOICE

"Committed To Excellent Services"

Remit: Viking Express Freight Services, LLC

c/o J.O.B.E. Service, Inc. Dept.22

PO Box 4346 Houston, TX 77210-4346

Email: arprocess@jsifactoring.com

INVOICE# REX- 2741

DATE: 04-08-24

BILL TO: Zurn NMP Processing

c/o Cass Information Systems

P.O. BOX 67

ST. LOUIS, MO 63166

Ship Date	P.O. Number	Shipper	Consignee	Amount
04-04-24	1001071889	MILLER MAYS	RAVEN MECH	\$130.00
			15% FSC	\$19.50

Make all checks payable to VIKING EXPRESS

TOTAL FREIGHT CHARGES DUE IN 7 DAYS.

If you have any questions concerning this invoice, call 832-256-6501.

Total Amount Due	\$149.50
-------------------------	-----------------

Driver
copy

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001071889

Shipper: Miller Mays
Address: 4660 Pine Timbers Building #130
Houston, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Customer Reference
Shipment Date: 04-04-2024 **Carrier:** VIKING
PRO #: **Payment Term:** Absorbed
Sales Order #: 17675504
PO #: 54550706
Trip #: 1071887

Consignee Raven Mech C/O The Salvation Army
Address: 2407 N Main St
Houston, TX 77009
Country: USA
Contact Name: Robert
Phone No: 832-370-4000
Fax No:

Third Party Billing Information:
Zurn Ind. C/O Cass Information Systems
PO Box 67
Saint Louis, MO 63166

Comments/Special Instructions:

Pickup Remarks:

Delivery Remarks:

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	1	0	210 - Spec Drain - Metal Drains	409 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	1	0		409					

Shipper Certification: I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: *Yurk BCL*

Date: 4/4/24

Trailer#: _____

Driver's Signature: _____

Date: _____

Trailer#: _____

Drivers Certification: Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on 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. Call 414-808-0106 with problems.

Signature of Consignor

Consignee Signature: _____

Robert Aguirre

Print Name: _____

Robert Aguirre

Company Name: _____

Date: _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. Â§ 14706(c)(1)(A) and (B)