

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- 2713 DATE: 02-05-24

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
02-01-24	1001025847	MILLER MAYS	RAVEN MECH	\$375.00
			15% FSC	\$56.25

Total Amount Due \$431.25

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.



Straight Bi	ll of Lading - Short Form - Original - N	lot Negotiable	BOL NO: 1001025847
Shipper: Address: Country: Contact Name: Phone No: Fax No:	Miller Mays 4660 Pine Timbers Building #130 Houston, TX 77041 USA	Customer Reference Shipment Date: 02-01-2024 PRO #: Sales Order #: 17591162 PO #: Need PO Trip #: 1025845	Carrier: VIKING Payment Term: Absorbed
Consignee Address: Country: Contact Name: Phone No: Fax No:	Raven Mech C/O Kelsey Seybold Rosenberg 23337 Southwest Fwy Rosenberg, TX 77489 USA Lalo 281-381-6756	Third Party Billing Information S Zurn Ind. C/O Cass Information S PO Box 67 Saint Louis, MO 63166	
Comments/S Pickup Rem	Special Instructions: arks:	Delivery Remarks:	
Pallet Total Shipper Certification of the shipping name national govern	fication : I hereby certify that the contents of this and are classified, packaged, marked and labeled amental regulations.	Drains 6,128 lbs 50.0 0.000 6128 consignment are fully and accurately and in proper condition for carriage by	y land/air according to applicable
Shipper's Sig	nature:	Date: 2/1/24	Trailer#:
Driver's Signa	ature:	Date:	Trailer#:
Carrier certifies	ication: Carrier acknowledges receipt of packages emergency response information and required pla book or equivalent in the vehicle.	in good order, condition and quanti cards were made available and/or ca	ty unless otherwise stated hereon. arrier has the D.O.T. emergency
consignor, the c	ion 7 of conditions of applicable bill of lading. If this consignor shall sign the following statement. The ca vful charges. Call 414-808-0106 with problems.	shipment is to be delivered to the carrier shall not make delivery of this see of Consignor	onsignee without recourse on the shipment without payment of freight
Cosignee Sigr	nature: In It Thy	Print Name: <u>Pa</u>	-T Bay Kin
Company Nan	ne: Raven	Date: 01/02	1/24
NOTE Liability Lir	mitation for loss or damage in this shipment may	be applicable. See 49 U.S.C § 1470	06(c)(1)(A) and (B)