

Viking Express Freight

"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- 2719 DATE: 02-20-24

INVOICE

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
02-20-24	1001038893	MILLER MAYS	POLK MECH	\$200.00
			15% FSC	\$30.00

Total Amount Due \$230.00

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.

OWER					
Straight Bill of Lading - Short Form - Original - Not Negotiable BOL NO: 1001038					
Shipper:Miller MaysAddress:4660 Pine Timbers Building #130 Houston, TX 77041Country:USAContact Name:Phone No:Fax No:	Customer Reference Shipment Date: 02-20-2024 PRO # : Payment Term: Absorbed Sales Order #: 17609945 PO # : F55-9545 Trip # : 1038891				
ConsigneePOLK MECHANICALAddress:11875 CUTTEN RDHouston, TX 77066Country:USAContactName:Phone No: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 TypePackage QtyPiecesDescriptionWeightClassLength (ft)Width (ft)Height (ft)NMFCPallet10210 - Spec Drain - Metal Drains2,049 lbs50.00.0000.0000.00050810.2Total:1020492049204900.0000.0000.0000.0000.000					
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: 7/70/24 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: Med Stafe					
Cosignee Signature:	_ Print Name: <u>Nec 546</u> Date: 2/20/29				
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C § 14706(c)(1)(A) and (B)					