

Straight Bill of Lading - Short Form - Original - Not Negotiable
BOL NO: 1001146851

Shipper: Miller Mays 4660 Pine Timbers Building #130 Houston, TX 77041 USA Contact: Name: Phone No: Fax No:	Consignee: ROYAL ELEMENTARY 2222 DURAN ROAD BROOKSHIRE, TX 77423 USA Contact: Name: Phone No: Fax No:
Customer Reference: Shipment Date: 07-16-2024 Carrier: <i>Viking Express</i> Payment Term: Absorbed PRO #: Sales Order #: 27752777 PO #: 54659997 Trip #: 1146849	Third Party Billing Information: Zum Ind. C/O Cass Information Systems PO Box 67 Saint Louis, MO 63166

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	2	0	210 - Spec Drain - Metal Drains	6,539 lbs	50.0	0.000	0.000	0.000	50810.2
Total:		2		6539					

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: *[Signature]* Date: *7-16-24* Trailer#: _____

Drivers' 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: *[Signature]* Print Name: _____ Date: _____

Company Name: _____ Date: _____

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

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

BOL NO: 1001149361

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

Customer Reference
 Shipment Date: 07-18-2024
 Carrier: *Viking Express*
 Payment Term: Absorbed
PRO #:
 Sales Order #: 17784899
 PO #: 54703502
 Trip #: 1149359

Consignee:
 MNSTON WATER COOLER OF HOUSTON
 14134 Vickery Dr
 Houston, TX 77032
Country: USA
Address:
Contact:
Name:
Phone No:
Fax No:

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

Comments/Special Instructions:

Delivery Remarks:

Package Type	Package Qty/Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	2	210 - Spec Drain - Metal Drains	6,289 lbs	50.0	0.000	0.000	0.000	50810.2
Total:			6289					

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: *W. Mays* **Date:** 7-18-24 **Trailer#:**

Drivers' 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: *Michelle Powers* **Print Name:**

Company Name: **Date:**

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14705(c)(1)(A) and (B)

Driver Copy

Straight Bill of Lading - Short Form - Original - Not Negotiable
BOL NO: 1001149165

<p>Shipper: Miller Mays 4660 Pine Timbers Building #130 Houston, TX 77041 USA</p> <p>Address: Houston Christian Locker Rooms 2700 West Sam Houston Parkway North Houston, TX 77043 USA</p> <p>Name: Luis (932) 493-1449</p> <p>Phone No:</p> <p>Fax No:</p>	<p>Customer Reference Shipment Date: 07-18-2024 Carrier: <i>VRING</i> Payment Term: Absorbed</p> <p>PRO #: Sales Order #: 17819603 PO #: Need PO Trip #: 1149163</p>
<p>Third Party Billing Information: Zurn Ind. C/O Cass Information Systems PO Box 67 Saint Louis, MO 63166</p>	

Comments/Special Instructions:

Pickup Remarks:

Delivery Remarks:

Package Type	Package Qty/Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	1	210 - Spec Drain - Metal Drains	1,346 lbs	50.0	0.000	0.000	0.000	50810.2
Total:			1346					

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: *[Signature]* **Date:** 7/18/24 **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 payment 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: *[Signature]* **Company Name:** *Balmain* **Date:** _____

Print Name: _____

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