



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- 2770
DATE: 06-04-24

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
05-29-24	1001111627	MILLER MAYS	WAY ENGINEERING	\$130.00
			15% FSC	\$19.50

Total Amount Due	\$149.50
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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.

Driver
copy

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

BOL NO: 1001111627

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

Customer Reference
Shipment Date: 05-29-2024
PRO # :
Sales Order #: 17736041
PO # : F55-13275
Trip # : 1111625
Carrier: VIKING
Payment Term: Absorbed

Consignee Way Engineering-UT Health Pherb
Address: 1930 Old Spanish Trail
Houston, TX 77054
Country: USA
Contact Name: Roland
Phone No: 713-294-9794
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	971 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	1	0		971					

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:** 5/29/24 **Trailer#:** _____
Driver's Signature: [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:** _____
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)