

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- 2774 DATE: 06-10-24

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 |
|-----------|-------------|-------------|-------------|----------|
| 06-10-24 | 1001120285 | MILLER MAYS | CYPRESS, TX | \$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.

| Straight Bill of Lading - Short Form - Original - Not Negotiable BOL NO: 1001120285 | | | | | |
|--|--|--|--|--|--|
| Shipper: Address: Country: Contact Name: Phone No: Fax No: | MILLER MAY 4660 PINE TIMBERS #130 HOUSTON TX, TX 77041 USA JEFF | Customer Reference Shipment Date: 06-10-2024 Carrier: Vikit, 5 PRO #: Payment Term: Absorbed Sales Order #: 17741954 PO # : 5118216538 Trip # : 1120283 | | | |
| Consignee Address: Country: Contact Name: Phone No: Fax No: | Cypress Christian School Carriers 20601 Bridgeland Creek Parkway Cypress, TX 77433 USA Ignacio 8324512340 | 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 2,341 lbs 50.0 0.000 0.000 50810.2 Total: 1 0 2341 2341 2341 2341 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; June 100/24 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: THOUNDAND Print Name: | | | | | |
| Company Name: Date: NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C ŧ 14706(c)(1)(A) and (B) | | | | | |
| | | | | | |

.