

Driver Copy

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

BOL NO: 1001153409

Shipper: Miller Mays Address: 4660 Pine Timbers Building #130 Houston, TX 77041 Country: USA Contact Name: Phone No: Fax No:	Customer Reference Shipment Date: 07-24-2024 Carrier: VIKING PRO # : Sales Order #: 17828396 Payment Term: Absorbed PO # : 701-5172319122 Trip # : 1153407
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Consignee: Aflon Inc Haude Elementary Address: 3111 Louetta Road Spring, TX 77388 Country: USA Contact Name: Shawn Terri Phone No: 281-513-3669 281-651 Fax No: -1533	Third Party Billing Information : Zum Ind. C/O Cass Information Systems PO Box 67 Saint Louis, MO 63166
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Comments/Special Instructions:

Pickup Remarks: _____ **Delivery Remarks:** _____

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	2	0	210 - Spec Drain - Metal Drains	2,138 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	2	0		2138					

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:** 7/25/24 **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:** Eeri Stein
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)