



# 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- 2809  
 DATE: 08-15-24

**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
08-15-24	1001170231	MILLER MAYS	CFI MECH	\$130.00
			15% FSC	\$19.50

<b>Total Amount Due</b>	<b>\$149.50</b>
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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:** 1001170231


<b>Shipper:</b> Miller Mays <b>Address:</b> 4660 Pine Timbers Building #130 Houston, TX 77041 <b>Country:</b> USA <b>Contact Name:</b> <b>Phone No:</b> <b>Fax No:</b>	<b>Customer Reference</b> <b>Shipment Date:</b> 08-15-2024 <b>PRO # :</b> <b>Sales Order #:</b> 17872394 <b>PO # :</b> Need PO <b>Trip # :</b> 1170229  <b>Carrier:</b> VIKING <b>Payment Term:</b> Absorbed
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<b>Consignee</b> CFI MECHANICAL <b>Address:</b> 6109 BRITTMORE HOUSTON, TX 77041 <b>Country:</b> USA <b>Contact Name:</b> Shop <b>Phone No:</b> <b>Fax No:</b>	<b>Third Party Billing Information :</b> Zurn Ind. C/O Cass Information Systems PO Box 67 Saint Louis, MO 63166
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<b>Comments/Special Instructions:</b>	<b>Delivery Remarks:</b>
<b>Pickup Remarks:</b>	

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	1	0	210 - Spec Drain - Metal Drains	1,427 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	1	0		1427					

**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:** 8/15/24      **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*

**Consignee Signature:**       **Print Name:** Angel Sto

**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)