



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- 2812
DATE: 08-30-24

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 |
|-----------|-------------|-------------|-----------|----------|
| 08-23-24 | 1101181103 | MILLER MAYS | CF MECH | \$200.00 |
| | | | 15% FSC | \$30.00 |
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| Total Amount Due | \$230.00 |
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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.

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

BOL NO: 1001181103

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

Customer Reference
Shipment Date: 08-29-2024 **Carrier:**
PRO # : **Payment Term:** Absorbed
Sales Order #: 17893479
PO # : G2812-4334
Trip # : 1181101

Consignee CW Mech
Address: 7100 W Fuqua
 Missouri City Tx 77489
Country:
Contact Name: Joey
Phone No: 346-366-1221
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 | 2,038 lbs | 50.0 | 0.000 | 0.000 | 0.000 | 50810.2 |
| Total: | 1 | 0 | | 2038 | | | | | |

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.

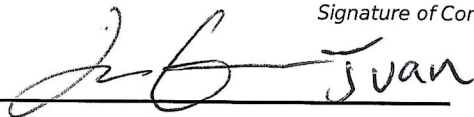
Shipper's Signature:  **Date:** 8/29/24 **Trailer#:** _____

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:  **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)