



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- 2828
DATE: 09-30-24

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
09-24-24	1001198441	MILLER MAYS	BELKNAP – TEXAS CITY	\$375.00
			15% FSC	\$56.25

Total Amount Due	\$431.25
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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: 1001198441

Shipper: Miller Mays Address: 4660 Pine Timbers Building #130 Houston, TX 77041 Country: USA Contact Name: Phone No: Fax No:	Customer Reference Shipment Date: 09-24-2024 PRO # : Sales Order #: 17931008 PO # : Need PO Trip # : 1198439 Carrier: VIKING Payment Term: Absorbed
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Consignee BELKNAP PLUMBING Address: 1535 HIGHWAY 3 TEXAS CITY, TX 77591 Country: USA Contact Name: 713-816-1131 Phone No: Fax No: <i>Chepe</i>	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:	Delivery Remarks:
Pickup Remarks:	

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	3	0	210 - Spec Drain - Metal Drains	6,096 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	3	0		6096					

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: *Yush B* **Date:** 9/24/24 **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: *Jose Rivera* **Print Name:** Jose Rivera

Company Name: Belknap **Date:** _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. Å§ 14706(c)(1)(A) and (B)