

Driver COPY

BOL NO: 1001203513

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

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

Customer Reference
Shipment Date: 10-01-2024
PRO # :
Sales Order #: 17939577
PO # : Need PO
Trip # : 1203511

Carrier: VIKING
Payment Term: Absorbed

Consignee
Address: Needville JHS
 16319 Hwy 36
 Needville, TX 77461
 USA
Country:
Contact Name: Hugo
Phone No: 8323387207
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	7	0	210 - Spec Drain - Metal Drains	6,078 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	7	0		6078					

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:** 10/1/24 **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: [Signature] **Print Name:** _____

Company Name: _____ **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)



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- 2830
DATE: 10-03-24

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
10-02-24	1001205109	MILLER MAYS	WINSTON – HOUSTON	\$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.

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

BOL NO: 1001205109

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

Customer Reference
Shipment Date: 10-02-2024 **Carrier:** *Viking Express*
PRO # : **Payment Term:** Absorbed
Sales Order #: 17877539
PO # : 54810507
Trip # : 1205107

Consignee WINSTON WATER COOLER OF HOUSTON
Address: 14134 Vickery Dr
 Houston, TX 77032
Country: USA
Contact Name:
Phone No:
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	2	0	210 - Spec Drain - Metal Drains	6,426 lbs	50.0	0.000	0.000	0.000	50810.2
Total:				6426					

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: *William Math* _____ **Date:** 10-2-24 **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.

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Signature of Consignor

Cosignee Signature: *D. Thayer* _____ **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)



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- 2831
DATE: 10-03-24

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
10-01-24	1001203515	MILLER MAYS	NEEDVILLE JHS	\$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.

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

BOL NO: 1001203515

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

Customer Reference
Shipment Date: 10-01-2024
PRO # :
Sales Order #: 17939577
PO # : Need PO
Trip # : 1203513

Carrier: VIKING
Payment Term: Absorbed

Consignee: Needville JHS
Address: 16319 Hwy 36
 Needville, TX 77461
Country: USA
Contact Name: Hugo
Phone No: 8323387207
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	7	0	210 - Spec Drain - Metal Drains	7,109 lbs	50.0	0.000	0.000	0.000	50810.2
Total:				7109					

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:** 10/1/24 **Trailer#:** _____

Driver's Signature: _____ **Date:** _____ **Trailer#:** _____

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Signature of Consignor

Consignee Signature: [Signature] **Print Name:** _____

Company Name: _____ **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)



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- 2832
DATE: 10-03-24

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
10-02-24	1001204341	MILLER MAYS	BELKNAP – CYPRESS	\$250.00
			15% FSC	\$37.50

Total Amount Due	\$287.50
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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: 1001204341

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

Customer Reference
Shipment Date: 10-02-2024 **Carrier:** VIKING
PRO # : **Payment Term:** Absorbed
Sales Order #: 17938109
PO # : 54901309
Trip # : 1204339

Consignee Belknap Plumbing
Address: 12800 Creekland Village Drive
 Cypress, TX 77433
Country: USA
Contact Name: Frank
Phone No: (936) 648-3188
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	2	0	210 - Spec Drain - Metal Drains	3,076 lbs	50.0	0.000	0.000	0.000	50810.2
Total:				3076					

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:** 10/2/24 **Trailer#:** _____

Driver's Signature: [Signature] **Date:** 10-2-24 **Trailer#:** _____

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Signature of Consignor

Cosignee Signature: [Signature]

Print Name: Humberto G

Company Name: Belknap Plumbing

Date: 10-2-24

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)