

**DRAFT OF ORDER**

957 - 18232922



Issue Type	No Insurance	Kind Of	PRV
Home Collection	Home Delivery		Destination payment
[X] NO [] YES	[X] NO [] YES	[X] NO [] YES	[X] NO [] YES

Origin	JOI - CUBATAO	Destination	FOR - PINTO MARTINS
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Remetente

Name / Company Name	SURE LOG LTDA	CNPJ/CPF	17062517000108
Email	Telephone	IE	20490800033
Address	R AMOROSO COSTA, 242		
Complement	SL 201A205 E 301A305	ZIP Code	30350570
Neighborhood	STA LUCIA	City - State	BELO HORIZONTE - MG

Destinatario

Name / Company Name	FUJISAN CENTRO DE HEMOTERAPIA E	CNPJ/CPF	07871676000108
Email	Telephone	IE	
Address	AV BR DE STUDART, 2626		
Complement	TER E 10 AND	ZIP Code	60120002
Neighborhood	JOAQUIM TAVORA	City - State	FORTALEZA - CE

Tomador

Name / Company Name	FUJISAN CENTRO DE HEMOTERAPIA E	CNPJ/CPF	07871676000108
Email	mateus.souza@fujisan.com.br	Telephone	IE
Address	AV BR DE STUDART, 2626		
Complement	TER E 10 AND	ZIP Code	60120002
Neighborhood	JOAQUIM TAVORA	City - State	FORTALEZA - CE

CARGO INFORMATION

Type the	CARGA GERAL -	Value	Type of	No Insurance
Insurance company	On One			

VOLUMES

Kind of packing	The amount	Weight	Comp X Width X Alt (CM)
CAIXA DE PAPELÃO	1	1	1 X 1 X

Document Type	WT	Value	R\$
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Key	Value
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R\$

Note :

On	18/10/2023 14:12:05	accepted the terms of services defined by Latam Cargos.
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