
	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	
Origin		Destination		
JOI - CUBATAO		FOR - PINTO MARTINS		

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 D	Value		R\$

Key Value

R\$

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