

# GUEST EXPRESS TRANSPORT LTD

UNIT 2, COLINDALE RD, COLNBROOK, BERKS, SL30HQ

01784 250016 OR INFO@GUESTEX.COM

DRIVER:

VEHICLE:

TRAILER:

CUSTOMER:

DELIVERY NOTE

DATE:

OUR REF:

CUSTOMER REF:

COLLECTION ADDRESS:

DELIVERY ADDRESS

PCI PHARMA	Quak Int
WESTERN AVE	PRESCOTT RD
BRIDSEND	COLNBROOK
CF31 3TY	

COMMENTS:

WEIGHT:

SIGN:

PIECES:

CUBE:

PRINT:

DATE:

TIME:




1-10-20

3PLTS

Josh Bamford



V14

6367

		<p>Dallas (972) 869-9933 (800) 659-4339 Chicago (312) 243-9797 (800) 473-4673 Los Angeles (310) 414-9211 (800) 788-4529 Stat (718) 995-3616 (800) 856-7828 New York (718) 995-3616 (800) 488-4400 U.K. +44 20 8757 7500</p>		<p>192620341C</p>  <p>* 1 9 2 6 2 0 3 4 1 C *</p>	
Bill Shipper Acct No. <b>LHRVP</b>		Shippers Reference 192620341C		Bill Consignee Acct No.	
Agent		Date		Time	
<b>PICK-UP</b>		<b>DELIVERY INFO.</b>		Agent	
QUICK INTL COURIERS WILL MEAKINS UNIT 1 & 2 PRESCOTT ROAD COLNBROOK SLOUGH COLNBROOK, BERKS SL3 0AE UNITED KINGDOM 011-44-208757-7500		PCI PHARMA SERVICES PCI 2-3. UNIT 2100 WESTERN AVENUE BRIDGEND INDUSTRIAL ESTATE BRIDGEND CF31 3TY UNITED KINGDOM ATTN: PHONE:		Date	
Description/Commodity EMPTY ITS		Pcs. 22		Wgt 376 kg dim: 376	
		<input type="checkbox"/> Basic \$200.00 Insurance <input type="checkbox"/> Shipper waives Insurance		Please initial here for additional Insurance <input type="checkbox"/> Commercial invoice to be completed by shipper	
				Insurance 0.00 GBP Customs 0.00 GBP	
Shipper certifies that the commercial value, nature of the goods, and content are true and correct, assumes responsibility for charges and agrees to conditions.					
Special Instructions		In compliance with Part 109, please complete security endorsement I certify that this shipment does not contain any unauthorized explosive or destructive devices or hazardous material. I consent to a search of this shipment. I am aware that this endorsement & original signature along with other shipping docs will be retained on file until the shipment is delivered. X			
Shipper's Signature		Consignee's Signature  Received in good condition except as noted		Date	
Date and Time		Date and Time		First ID Type Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number	
				Second ID Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number	
				<input type="checkbox"/> Agent check box if inspected	

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Date and Time		Date and Time		First ID Type Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number	
				Second ID Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number	
				<input type="checkbox"/> Agent check box if inspected	

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		Dallas (972) 869-9933 (800) 659-4339 Chicago (312) 243-9797 (800) 473-4673 Los Angeles (310) 414-9211 (800) 788-4529 Stat (718) 995-3616 (800) 856-7828 New York (718) 995-3616 (800) 488-4400 U.K. +44 20 8757 7500		192620339C  * 1 9 2 6 2 0 3 3 9 C *	
Bill Shipper Acct No. <b>LHRVP</b>		Shippers Reference <b>192620339C</b>		Bill Consignee Acct No.	
Bill Other Acct No.		Cost Center			
<b>PICK-UP</b>		Agent		Date	
Time		<b>DELIVERY INFO.</b>			
Agent		Date		Time	
QUICK INTL COURIERS WILL MEAKINS UNIT 1 & 2 PRESCOTT ROAD COLNBROOK SLOUGH COLNBROOK,BERKS SL3 0AE UNITED KINGDOM 011-44-208757-7500			PCI PHARMA SERVICES PCI 2-3.UNIT 2100 WESTERN AVENUE BRIDGEND INDUSTRIAL ESTATE BRIDGEND CF31 3TY UNITED KINGDOM ATTN: PHONE:		
Description/Commodity <b>EMPTY KITS</b>		Pcs. <b>53</b>	Wgt <b>938.5 kg</b> dim: <b>938.5</b>	<input type="checkbox"/> Basic \$200.00 Insurance <input type="checkbox"/> Shipper waives Insurance	Please initial here for additional Insurance <input type="checkbox"/> Commercial invoice to be completed by shipper <input type="checkbox"/>
				Insurance <b>0.00 GBP</b>	Customs <b>0.00 GBP</b>
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Shipper's Signature		Consignee's Signature		Date	
Type		Type		Second ID	
Photo <input type="checkbox"/> Yes <input type="checkbox"/> No		Photo <input type="checkbox"/> Yes <input type="checkbox"/> No		Photo <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number		Number		Number	
Date and Time		Date and Time		<input type="checkbox"/> <b>Agent check box if inspected</b>	

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Type		Type		Second ID	
Photo <input type="checkbox"/> Yes <input type="checkbox"/> No		Photo <input type="checkbox"/> Yes <input type="checkbox"/> No		Photo <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number		Number		Number	
Date and Time		Date and Time		<input type="checkbox"/> <b>Agent check box if inspected</b>	

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