


		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		191640037C  * 1 9 1 6 4 0 0 3 7 C *	
		Bill Shipper Acct No. Shippers Reference 191640037C		Bill Consignee Acct No.	
LHRVP		Bill Other Acct No.		Cost Center	
PICK-UP		DELIVERY INFO.			
Agent _____ Date _____ Time _____		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:		2512	
Description/Commodity EMPTY KITS		Pcs. 42	Wgt 784 kg dim: 784	<input type="checkbox"/> Basic \$200.00 Insurance <input type="checkbox"/> Shipper waives Insurance <input type="checkbox"/> 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 <u>EMIL MACK</u> <u>25 06 20</u> Shipper's signature _____ Date _____ First ID _____ Second ID _____ Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ <input type="checkbox"/> Agent check box if inspected			
Shipper's Signature		Consignee's Signature			
Date and Time		Received in good condition except as noted Date and Time			

Copy A

Created Jun 25, 2020

		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		191640037C  * 1 9 1 6 4 0 0 3 7 C *	
		Bill Shipper Acct No. Shippers Reference 191640037C		Bill Consignee Acct No.	
LHRVP		Bill Other Acct No.		Cost Center	
PICK-UP		DELIVERY INFO.			
Agent _____ Date _____ Time _____		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 EMPTY KITS		Pcs. 42	Wgt 784 kg dim: 784	<input type="checkbox"/> Basic \$200.00 Insurance <input type="checkbox"/> Shipper waives Insurance <input type="checkbox"/> 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 condition.					
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 _____ Date _____ First ID _____ Second ID _____ Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ <input type="checkbox"/> Agent check box if inspected			
Shipper's Signature		Consignee's Signature			
Date and Time		Received in good condition except as noted Date and Time			

Copy B

Created Jun 25, 2020

		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		191640038C * 1 9 1 6 4 0 0 3 8 C *	
		Bill Shipper Acct No. Shippers Reference 191640038C LHRVP		Bill Consignee Acct No. _____ Bill Other Acct No. _____ Cost Center _____	
PICK-UP Agent Date Time		DELIVERY INFO. 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 EMPTY KITS		Pcs. 18	Wgt 334 kg dim: 334	<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 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 <u>25 Oct 20</u> Shipper's signature _____ Date _____ First ID _____ Second ID _____ Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Number _____ <input type="checkbox"/> Agent check box if inspected			
Shipper's Signature Date and Time		Consignee's Signature Received in good condition except as noted Date and Time			

Copy A

Created Jun 26, 2020

		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		191640038C * 1 9 1 6 4 0 0 3 8 C *	
		Bill Shipper Acct No. Shippers Reference 191640038C LHRVP		Bill Consignee Acct No. _____ Bill Other Acct No. _____ Cost Center _____	
PICK-UP Agent Date Time		DELIVERY INFO. 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 EMPTY KITS		Pcs. 18	Wgt 334 kg dim: 334	<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 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 condition.					
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 _____ Date _____ First ID _____ Second ID _____ Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Number _____ <input type="checkbox"/> Agent check box if inspected			
Shipper's Signature Date and Time		Consignee's Signature Received in good condition except as noted Date and Time			

Copy B

Created Jun 26, 2020

GUEST EXPRESS TRANSPORT LTD

UNIT 2, COLNDALE RD, COLNBROOK, BERKS, SL30HQ
01784 250016 OR INFO@GUESTEX.COM

DRIVER:

JIM

DELIVERY NOTE

DATE: 25-6-20

VEHICLE:

V14 SET

OUR REF:

TRAILER:

CUSTOMER REF:

CUSTOMER:

COLLECTION ADDRESS:

DELIVERY ADDRESS

PCI PHARMA	Quick INT
BRIDSEND IND EST	PRESCOTT RD
CF31 3TY	SLough.

COMMENTS:

WEIGHT:

SIGN:

Mal Aston

PIECES:

3 PLS

PRINT:

CUBE:

Mark Aston

DATE:

TIME: