

# GUEST EXPRESS TRANSPORT LTD

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

DATE: 10-9-20

OUR REF:

CUSTOMER REF:

DELIVERY NOTE

DRIVER: SW

VEHICLE: V14 SET

TRAILER:

CUSTOMER:

COLLECTION ADDRESS:

DELIVERY ADDRESS

PCI PHARMA	Quick INT
WESTERN AVE	PRESCOTT RD
BRIDSEND	COLNBROOK
CF31 3TY	

COMMENTS:

WEIGHT:

SIGN:

PIECES:

4 PLT'S

CUBE:

PRINT:




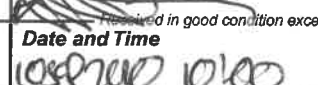
TIME:

DATE:

10/9/20





Adam Cole

V14

		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		192410145C  * 1 9 2 4 1 0 1 4 5 C *	
Bill Shipper Acct No. <b>LHRVP</b>		Shippers Reference <b>192410145C</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	
				Insurance <b>0.00 GBP</b> Customs <b>0.00 GBP</b>	
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 		Shipper's signature First ID Type Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number	
Date and Time <b>10/8/2020 10:00</b>		Date and Time <b>10/8/2020 10:00</b>		Second ID Type Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number	
<input type="checkbox"/> <b>Agent check box if inspected</b>					




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Date and Time <b>10/8/2020 10:00</b>		Date and Time <b>10/8/2020 10:00</b>		Second ID Type Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number	
<input type="checkbox"/> <b>Agent check box if inspected</b>					



### Copy B

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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		192410158C  * 1 9 2 4 1 0 1 5 8 C *	
		Bill Shipper Acct No. <b>Shippers Reference 192410158C</b> <b>LHRVP</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>22</b>	Wgt <b>376 kg</b> dim: <b>376</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>	
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  <div style="text-align: right;">  </div>		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. <input checked="" type="checkbox"/>			
Shipper's Signature Date and Time	Consignee's Signature Date and Time <small>Received in good condition except as noted</small>	Shipper's signature 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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		<input type="checkbox"/> Agent check box if inspected			

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