
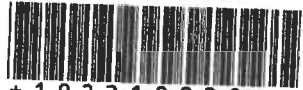




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|--|--|---|--|---|--|--|--|---|--|--|
|    |  | Dallas (972) 869-9933 (800) 659-4339<br>Chicago (312) 243-9797 (800) 473-4673<br>Los Angeles (310) 414-9211 (800) 788-4529<br>Stat (718) 995-3616 (800) 856-7828<br>New York (718) 995-3616 (800) 488-4400<br>U.K. +44 20 8757 7500 |  | 192210028C<br><br>* 1 9 2 2 1 0 0 2 8 C *                        |  |  |  |   |  |  |
| Bill Shipper Acct No. LHRVP  |  | Shippers Reference 192210028C   |  | Bill Consignee Acct No.   |  | Bill Other Acct No.  |  | Cost Center   |  |  |
| PICK-UP Agent Date Time  |  | DELIVERY INFO. Agent Date Time  |  |   |  |  |  |   |  |  |
| QUICK INTL COURIERS<br>WILL MEAKINS<br>UNIT 1 & 2 PRESCOTT ROAD<br>COLNBROOK<br>SLOUGH<br>COLNBROOK, BERKS SL3 0AE<br>UNITED KINGDOM<br>011-44-208757-7500       |  |   |  | PCI PHARMA SERVICES<br>PCI 2-3. UNIT 2100<br>WESTERN AVENUE<br>BRIDGEND INDUSTRIAL ESTATE<br>BRIDGEND CF31 3TY<br>UNITED KINGDOM<br>ATTN:<br>PHONE: |  |  |  |   |  |  |
| Description/Commodity<br>EMPTY KITS  |  |   |  | Pcs.<br>22  | Wgt<br>376 kg<br>dim: 376  | <input type="checkbox"/> Basic \$200.00 Insurance<br><input type="checkbox"/> Shipper waives Insurance |  | Please initial here for additional Insurance <input type="checkbox"/><br>Commercial invoice to be completed by shipper <input type="checkbox"/> |  | Insurance 0.00 GBP<br>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<br>I certify that this shipment does not contain any unauthorized explosive or destructive devices 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.<br>X <u>NRACK</u> <u>20 AUG 2020</u> |  |  |   |  |  |
| Shipper's Signature  |  | Consignee's Signature   |  |   | Shipper's signature  |  | Date   |   |  |  |
| Date and Time  |  | Received in good condition except as noted<br>Date and Time   |  |   | First ID Type<br>Photo <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number  |  | Second ID Type<br>Photo <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number |   |  |  |
| <input type="checkbox"/> Agent check box if inspected  |  |   |  |   |  |  |  |   |  |  |

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|---|--|---|--|---|--|--|--|---|--|--|
|    |  | Dallas (972) 869-9933 (800) 659-4339<br>Chicago (312) 243-9797 (800) 473-4673<br>Los Angeles (310) 414-9211 (800) 788-4529<br>Stat (718) 995-3616 (800) 856-7828<br>New York (718) 995-3616 (800) 488-4400<br>U.K. +44 20 8757 7500 |  | 192210028C<br><br>* 1 9 2 2 1 0 0 2 8 C *                      |  |  |  |   |  |  |
| Bill Shipper Acct No. LHRVP   |  | Shippers Reference 192210028C   |  | Bill Consignee Acct No.   |  | Bill Other Acct No.  |  | Cost Center   |  |  |
| PICK-UP Agent Date Time   |  | DELIVERY INFO. Agent Date Time  |  |   |  |  |  |   |  |  |
| QUICK INTL COURIERS<br>WILL MEAKINS<br>UNIT 1 & 2 PRESCOTT ROAD<br>COLNBROOK<br>SLOUGH<br>COLNBROOK, BERKS SL3 0AE<br>UNITED KINGDOM<br>011-44-208757-7500      |  |   |  | PCI PHARMA SERVICES<br>PCI 2-3. UNIT 2100<br>WESTERN AVENUE<br>BRIDGEND INDUSTRIAL ESTATE<br>BRIDGEND CF31 3TY<br>UNITED KINGDOM<br>ATTN:<br>PHONE: |  |  |  |   |  |  |
| Description/Commodity<br>EMPTY KITS   |  |   |  | Pcs.<br>22  | Wgt<br>376 kg<br>dim: 376  | <input type="checkbox"/> Basic \$200.00 Insurance<br><input type="checkbox"/> Shipper waives Insurance |  | Please initial here for additional Insurance <input type="checkbox"/><br>Commercial invoice to be completed by shipper <input type="checkbox"/> |  | Insurance 0.00 GBP<br>Customs 0.00 GBP |
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| Date and Time   |  | Received in good condition except as noted<br>Date and Time   |  |   | First ID Type<br>Photo <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number  |  | Second ID Type<br>Photo <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number |   |  |  |
| <input type="checkbox"/> Agent check box if inspected   |  |   |  |   |  |  |  |   |  |  |

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| Bill Shipper Acct No. LHRVP   |  | Shippers Reference 192210027C   |  | 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<br>WILL MEAKINS<br>UNIT 1 & 2 PRESCOTT ROAD<br>COLNBROOK<br>SLOUGH<br>COLNBROOK, BERKS SL3 0AE<br>UNITED KINGDOM<br>011-44-208757-7500  |  |   |  |  |  |  |  | PCI PHARMA SERVICES<br>PCI 2-3. UNIT 2100<br>WESTERN AVENUE<br>BRIDGEND INDUSTRIAL ESTATE<br>BRIDGEND CF31 3TY<br>UNITED KINGDOM<br>ATTN:<br>PHONE: |  |  |  |                  |  |        |  |
| Description/Commodity<br>EMPTY KITS   |  | Pcs.<br>53  |  | Wgt<br>938.5 kg<br>dim: 938.5  |  | <input type="checkbox"/> Basic \$200.00 Insurance<br><input type="checkbox"/> Shipper waives Insurance |  | Please initial here for additional Insurance <input type="checkbox"/><br>Commercial invoice to be completed by shipper                              |  | Insurance 0.00 GBP   |  | Customs 0.00 GBP |  |        |  |
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| Shipper's Signature   |  | Consignee's Signature   |  | First ID Type  |  | Second ID  |  | Photo <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Photo <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Number           |  | Number |  |
| Date and Time   |  | Date and Time   |  | Received in good condition except as noted   |  | Date and Time  |  | <input type="checkbox"/> Agent check box if inspected   |  |  |  |                  |  |        |  |

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| Bill Shipper Acct No. LHRVP  |  | Shippers Reference 192210027C   |  | 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<br>WILL MEAKINS<br>UNIT 1 & 2 PRESCOTT ROAD<br>COLNBROOK<br>SLOUGH<br>COLNBROOK, BERKS SL3 0AE<br>UNITED KINGDOM<br>011-44-208757-7500   |  |   |  |  |  |  |  | PCI PHARMA SERVICES<br>PCI 2-3. UNIT 2100<br>WESTERN AVENUE<br>BRIDGEND INDUSTRIAL ESTATE<br>BRIDGEND CF31 3TY<br>UNITED KINGDOM<br>ATTN:<br>PHONE: |  |  |  |                  |  |        |  |
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| Shipper's Signature  |  | Consignee's Signature   |  | First ID Type  |  | Second ID  |  | Photo <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Photo <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Number           |  | Number |  |
| Date and Time  |  | Date and Time   |  | Received in good condition except as noted   |  | Date and Time  |  | <input type="checkbox"/> Agent check box if inspected   |  |  |  |                  |  |        |  |

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# GUEST EXPRESS TRANSPORT LTD

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

DRIVER: Jim  
VEHICLE: V14 SET  
TRAILER:  
CUSTOMER:

DELIVERY NOTE

DATE: 20-8-20  
OUR REF:  
CUSTOMER REF:

COLLECTION ADDRESS:

PCI PHARMA  
WESTERN AVE  
BRIDFEND

DELIVERY ADDRESS

Quick Int  
Prescott Rd  
Colnbrook

COMMENTS:

WEIGHT:

SIGN:

PIECES:

6 PLS

DATE:

20/8/20

PRINT:

CUBE:

Adam Cole

TIME: