


		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		192050258C  * 1 9 2 0 5 0 2 5 8 C *	
Bill Shipper Acct No. LHRVP Shippers Reference 192050258C		Bill Consignee Acct No.		Bill Other Acct No.	
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. 53		Wgt 938.5 kg dim: 938.5	
		<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.					
Shipper's Signature Date and Time		Consignee's Signature Date and Time Received in good condition except as noted			
		Shipper's signature First ID Type Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number <input type="checkbox"/>			
		Second ID Type Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number <input type="checkbox"/>			
<input checked="" type="checkbox"/> Agent check box if inspected					

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<input checked="" type="checkbox"/> Agent check box if inspected					

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		Bill Shipper Acct No. LHRVP Shippers Reference 192050249C		Bill Consignee Acct No. Bill Other Acct No. Cost Center	
PICK-UP Agent Date Time		DELIVERY INFO. Agent Date Time			
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Description/Commodity EMPTY KITS		Pcs. 22	Wgt 376 kg dim: 376	<input type="checkbox"/> Basic \$200.00 Insurance Please initial here for additional Insurance <input type="checkbox"/> Insurance 0.00 GBP <input type="checkbox"/> Shipper waives Insurance Commercial invoice to be completed by shipper Customs 0.00 GBP	
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Shipper's Signature Date and Time		Consignee's Signature Date and Time		Shipper's signature First ID Type 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.	

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GUEST EXPRESS TRANSPORT LTD

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

DRIVER: SIM
VEHICLE: V14 SET
TRAILER:
CUSTOMER:

DELIVERY NOTE

DATE: 6-8-20
OUR REF:
CUSTOMER REF:

COLLECTION ADDRESS:

PCI PHARMA
WESTERN AVE
BRIDGEND

DELIVERY ADDRESS

QUICK INL COURIERS
PRESCOTT RD
SLough

COMMENTS:

WEIGHT:

SIGN:

PIECES:

7 PLS

DATE:

PRINT:

CURE:

Josh Bamford

TIME: