



Stat U.S. (718) 995-3616 (800) 856-7828  
U.K. +44 20 8757 7500  
France +33 1 709 12737

191850267W



\* 1 9 1 8 5 0 2 6 7 W \*

Bill Shipper Acct No.  
13689

Shippers Reference SO 428261 & 428262  
/ 331-201-00079

Un Number(s)

Bill Other Acct No.

Cost Center

**PICK-UP**

Agent Date Time

**DELIVERY INFO.**

Agent Date Time

PCI  
KARLA SANCHEZ  
5775 LOGISTICS PKWY  
ROCKFORD ILLINOIS 61109  
UNITED STATES  
815 316 7026

PCI PHARMA SERVICES  
BRIDGEND INDUSTRIAL ESTATE  
UNITS 2100 2110 2120 AND 2130  
PHASE 18 CENTRAL PARK  
BRIDGEND CF31 3TY  
UNITED KINGDOM  
ATTN: REBECCA LEWIS  
PHONE: +440 1656 750561

2818

Description/Commodity  
PHARMACEUTICAL

Pcs.  
1

Wgt  
631 lb  
dim: 1497

☐ Basic \$200.00  
Insurance  
Shipper waives  
Insurance ☐

Please initial here  
for additional Insurance ☐  
Commercial invoice to be  
completed by shipper

Insurance 0.00 USD

Customs 110,962.60 USD

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 W. MACK

16 JUL 2020  
Date

Shipper's Signature

Consignee's Signature

Date and Time

Received in good condition except as noted  
Date and Time

Shipper's signature

First ID

Type

Photo

Number

☐ Yes ☐ No

Second ID

Type

Photo

Number

☐ Yes ☐ No

☐ Agent check box if inspected

Copy A

Created Jul 18, 2020



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First ID

Type

Photo

Number

☐ Yes ☐ No

Second ID

Type



Photo

Number

☐ Yes ☐ No



☐ 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		191830465C  * 1 9 1 8 3 0 4 6 5 C *	
Bill Shipper Acct No. <b>LHRVP</b>		Shippers Reference <b>191830465C</b>		Bill Consignee Acct No.	
PICK-UP Agent Date Time		DELIVERY INFO. Agent Date Time		Bill Other Acct No. Cost Center	
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:		2818	
Description/Commodity <b>EMPTY KITS</b>		Pcs. <b>42</b>		Wgt <b>784 kg</b> dim: <b>784</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 <u>WMAH</u> <u>16 JUL 2020</u>			
Shipper's Signature		Consignee's Signature		Date	
Date and Time		Received in good condition except as noted Date and Time		First ID Type <input type="checkbox"/> Yes <input type="checkbox"/> No Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Agent check box if inspected					



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Bill Shipper Acct No. <b>LHRVP</b>		Shippers Reference <b>191830465C</b>		Bill Consignee Acct No.	
PICK-UP Agent Date Time		DELIVERY INFO. Agent Date Time		Bill Other Acct No. Cost Center	
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Description/Commodity <b>EMPTY KITS</b>		Pcs. <b>42</b>		Wgt <b>784 kg</b> dim: <b>784</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	
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Shipper's Signature		Consignee's Signature		Date	
Date and Time		Received in good condition except as noted Date and Time		First ID Type <input type="checkbox"/> Yes <input type="checkbox"/> No Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Agent check box if inspected					



**Copy B**

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Bill Shipper Acct No. LHRVP		Shippers Reference 191830466C		Bill Consignee Acct No.	
Bill Other Acct No.		Cost Center			
<b>PICK-UP</b>		<b>DELIVERY INFO.</b>			
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. 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.					
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Shipper's Signature		Consignee's Signature		Shipper's signature First ID _____ Second ID _____ Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	
Date and Time		Received in good condition except as noted Date and Time		Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ <input type="checkbox"/> Agent check box if inspected	

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Agent _____ Date _____ Time _____		Agent _____ Date _____ Time _____			
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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"/>
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Date and Time		Received in good condition except as noted Date and Time		Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ <input type="checkbox"/> Agent check box if inspected	

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# GUEST EXPRESS TRANSPORT LTD

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

DRIVER: Jim  
VEHICLE: V14 SET  
TRAILER:  
CUSTOMER:

## DELIVERY NOTE

DATE: 16-7-20  
OUR REF:  
CUSTOMER REF:

## COLLECTION ADDRESS:

## DELIVERY ADDRESS

Pei PHARM	Quek STAY INT
BRIDPEND IND ESTAYS	PRESCOTT RD
CF31 3TY	COLNBROOK

COMMENTS:

WEIGHT:

SIGN:

PIECES:

DATE:

PRINT:

CUBE:

16/07/2020

6 Pkts

MOHAMMAD AIT-ISSA

TIME: