

GUEST EXPRESS TRANSPORT LTD

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

DRIVER:
VEHICLE:
TRAILER:
CUSTOMER:

SM
V14 9ET

DELIVERY NOTE

DATE: 11-6-20
OUR REF:
CUSTOMER REF:

COLLECTION ADDRESS:

DELIVERY ADDRESS

PCI PARMA	QUEEN INZ
WESTERN AVE	PRESCOTT RD
BRIDGEND	COLNBROOK

COMMENTS:

WEIGHT:

4 PLS

PIECES:

CUBE:

SIGN:

S-GILLER



DATE:

TIME:

11:40

V14

2035

		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		191490004C  * 1 9 1 4 9 0 0 0 4 C *		
Bill Shipper Acct No. LHRVP		Shippers Reference 191490004C		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	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			
Shipper's Signature		Consignee's Signature		Shipper's signature First ID Type <input type="checkbox"/> Yes <input type="checkbox"/> No Photo Number <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Agent check box if inspected		
Date and Time		Received in good condition except as noted Date and Time		Second ID Type <input type="checkbox"/> Yes <input type="checkbox"/> No Photo Number <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Date and Time 11 0620		Received in good condition except as noted Date and Time		Second ID Type <input type="checkbox"/> Yes <input type="checkbox"/> No Photo Number <input type="checkbox"/> Yes <input type="checkbox"/> No		

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