

		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		191710570C * 1 9 1 7 1 0 5 7 0 C *	
		Bill Shipper Acct No. Shippers Reference 191710570C LHRVP		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. 42		Wgt 784 kg dim: 784	
		<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. <input checked="" type="checkbox"/>			
Shipper's Signature Date and Time		Consignee's Signature Date and Time		Shipper's signature First ID Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Second ID Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	
		Received in good condition except as noted		<input type="checkbox"/> Agent check box if inspected	

Copy A

Created Jul 2, 2020

		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		191710570C * 1 9 1 7 1 0 5 7 0 C *	
		Bill Shipper Acct No. Shippers Reference 191710570C LHRVP		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. 42		Wgt 784 kg dim: 784	
		<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 condition.					
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. <input checked="" type="checkbox"/>			
Shipper's Signature Date and Time		Consignee's Signature Date and Time		Shipper's signature First ID Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Second ID Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	
		Received in good condition except as noted		<input type="checkbox"/> Agent check box if inspected	

Copy B

Created Jul 2, 2020

		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		191710585C * 1 9 1 7 1 0 5 8 5 C *	
		Bill Shipper Acct No. LHRVP		Bill Consignee Acct No.	
Shippers Reference 191710585C		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 <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">Paul Branson</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		Shipper's signature First ID Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ <input type="checkbox"/> Agent check box if inspected	
		Received in good condition except as noted		Second ID _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	

Copy A

Created Jul 2, 2020

		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		191710585C * 1 9 1 7 1 0 5 8 5 C *	
		Bill Shipper Acct No. LHRVP		Bill Consignee Acct No.	
Shippers Reference 191710585C		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 condition.					
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. <input checked="" type="checkbox"/>			
Shipper's Signature Date and Time		Consignee's Signature Date and Time		Shipper's signature First ID Type _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ <input type="checkbox"/> Agent check box if inspected	
		Received in good condition except as noted		Second ID _____ Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____	

Copy B

Created Jul 2, 2020