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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		192120295C  * 1 9 2 1 2 0 2 9 5 C *	
Bill Shipper Acct No. LHRVP		Shippers Reference 192120295C		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. 22	Wgt 376 kg dim: 376	<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. X			
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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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	<input type="checkbox"/> Please initial here for additional Insurance <input type="checkbox"/> Commercial invoice to be completed by shipper Insurance 0.00 GBP Customs 0.00 GBP
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Shipper's Signature _____ Date and Time _____		Consignee's Signature _____ Received in good condition except as noted Date and Time _____			

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Shipper's Signature <i>[Signature]</i> Date and Time _____		Consignee's Signature <i>[Signature]</i> Received in good condition except as noted Date and Time _____			

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GUEST EXPRESS TRANSPORT LTD

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

DRIVER: SM
VEHICLE: V14 SET
TRAILER:
CUSTOMER:

DELIVERY NOTE

DATE: 13-8-20
OUR REF: 4549
CUSTOMER REF:

COLLECTION ADDRESS:

DELIVERY ADDRESS

PEI PHARMA	Quick Int
WESTERN AVE	PRESCOTT RD
BRIDGEND	COLNBROOK
CF31-3TY	

COMMENTS:

WEIGHT:

SIGN:

PIECES:

4 Pcs

PRINT:

CUBE:

DATE:

13/8/20

TIME:

Adrian Cole