



1. Sender's Account Number

2. Invoice to Receiver

Cost ☒ or call Customer Service at 0800 1234

3. Customer Reference (Information you would like on the invoice that you receive from TNT)

HMS 921380

Name: LOGISTIEK CENTRUM SETO B.V.

Address: BRABANTSEHOEK & UDENHOUT

City: UDENHOUT Postal/Zip Code: 5071 MN

Province/Region: Country: NL

Contact Name: FRED Tel No. (mandatory):

Name: SUPER MATERIALS ONE MEMBER CO.

Address: LTD

201/15 LE VAN DUET STR. HIEP

City: PHU WARD

Province/Region: DISTRICT 9

Postal/Zip Code: 70079 Country: VN

Contact Name: MRL Y Tel No. (mandatory): 0822 99987

Name:

Address:

City:

Province/Region:

Contact Name:

Postal/Zip Code:

Country:

Tel No. (mandatory):

Does this consignment contain any dangerous goods? If Yes ☐ No ☒

Yes, please call our Customer Service at 0800 1234



GD 316586185 WW

Please quote this number if you have an enquiry.

	International	Non-International	Domestic
Special Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Express	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12:00 Economy Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economy Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Priority ☐ Saturday Delivery ☐ Insurance ☐

RP 24055

General Description		Number of Pallets	Weight		Dimensions		
Please put full details on commercial invoice			Kilos	Grams	Length	Width	Height
SMLS PIPE		1			40	30	20
Sub. No.	Total	1	5	0	All figures subject to verification Please refer to actual measurement		

Receiver's VAT / IVA / BIK / BIKWST No.

SENDER'S COPY  
Please keep for Reference