

interland.

CC 54 kg GP



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EMIT 334640

ACCOUNT NUMBER MDV001		CLIENT REFERENCE CAST IRON BIS/TIMPLY 10		OFFICE REFERENCE CAST IRON BIS/TIMPLY 10		DATE	
SENDER (Your Name) LE GEUSET HQ SA		TEL		RECEIVER (Name) LE CREUST LA LUCIA....		031 572 5045	
COMPANY (Name)		COMPANY (Name)		STREET ADDRESS (Dept./Floor) UNIT 5 HERON PARK		STREET ADDRESS (Dept./Floor) SHOP 3	
STREET ADDRESS (Dept./Floor) OLIVE GROVE INDUSTRIAL ES		POSTAL CODE		90 WILLIAM CAMPBELL LA LUCIA MALL		POSTAL CODE	
CITY OLD PAARDEVLEI		SUBURB		CITY DURBAN		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
6	BOXES	62	42	32		184	
1	BOX	46	46	27		13	
1	BOX	27	27	27		4	
1	BOX	56	33	42		9	
						COLLECTED BY:	
						SIGNATURE: <i>[Signature]</i>	
						DATE: 5/10/16 TIME: _____	
TEST WEIGHT (OFFICE USE)						26kg	
SERVICES PLEASE SELECT SERVICE / IN BOX							
DOOR TO DOOR ECONOMY <input type="checkbox"/>		DIRECT LOAD <input type="checkbox"/>		AIR <input type="checkbox"/>		SAME DAY <input type="checkbox"/>	
						HAZARDOUS CARGO <input type="checkbox"/>	
OFFICE USE ONLY		NAME	DATE	SIGN	OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)		
CHECKED IN	Lyle	05/10/16	<i>[Signature]</i>	SENDER'S SIGNATURE: <i>[Signature]</i> DATE: 5-10-16			
CHECKED OUT	Lyle	05/10/16	<i>[Signature]</i>	PRINT NAME: MIRACHALI TIME: _____			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE: <i>[Signature]</i> DATE: 7/10/16			
				PRINT NAME: Alisha TIME: 2:37			

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES.  
WE DRAW YOUR ATTENTION TO THE SUMMARISED VERSION OF OUR TERMS & CONDITIONS AS ACCEPTED BY YOU ON THE REVERSE OF OUR WAYBILL.  
YOU ACKNOWLEDGE THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.