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1617366

EMIT

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ACCOUNT NUMBER	CLIENT REFERENCE	OFFICE REFERENCE	DATE
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SENDER (Your Name)		TEL	RECEIVER (Name)		TEL
COMPANY (Name)		COMPANY (Name)			
STREET ADDRESS (Dept./Floor)		STREET ADDRESS (Dept./Floor)			
POSTAL CODE		POSTAL CODE			
CITY	SUBURB	CITY	SUBURB		

1 KC02 3700x1200 Not loaded						
1	KC03	42000x1200	205	55	114	
1	KC06	1900x1200	194	55	132	
1		1200x1200	205	55	114	
1	KC09	2000x1000				
	clw filters					
	light & greased claws					
X4						

COLLECTED BY:
SIGNATURE: *[Signature]*
DATE: 4/10/18 TIME: *[Time]*

TEST WEIGHT (OFFICE USE) *367/9*

SERVICES PLEASE SELECT SERVICE / IN BOX

DOOR TO DOOR	<input checked="" type="checkbox"/>	DOOR TO DOOR	<input type="checkbox"/>	DOOR TO DOOR	<input type="checkbox"/>	DOOR TO DOOR	<input type="checkbox"/>
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OFFICE USE ONLY	NAME	DATE	TIME	OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)
CHECKED IN	Elias	04/10/18	ME	SENDERS SIGNATURE: <i>[Signature]</i> DATE: 04-10-18
CHECKED OUT				PRINT NAME: V. Grayling TIME: <i>[Time]</i>
PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION				