

75K403



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EMIT

1496681



ACCOUNT NUMBER 504007		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
SENDER (Your Name) <b>Tloy</b>		TEL 011 257 3911		RECEIVER (Name) <b>HUMELA</b>		TEL <b>(041) 407 2008</b>	
COMPANY (Name) <b>PRIONTEX MICROCLEAN</b>				COMPANY (Name) <b>ASPEN OVP</b>			
STREET ADDRESS (Dept./Floor) <b>315 ROAN CRESCENT OFF 5101 OLD PASTORIA ROAD RANDJIESFONTEIN</b>				STREET ADDRESS (Dept./Floor) <b>8 GIBAUD ROAD KORSTEN</b>			
POSTAL CODE				PORT ELIZABETH		POSTAL CODE	
CITY		SUBURB		CITY		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
06	BOXED	45	45	50		113kg	
DEL NOTE - 55340 - 4							
<b>06</b>							
<b>BOXES</b>							
TEST WEIGHT (OFFICE USE)						COLLECTED BY: <b>[Signature]</b>	
SIGNATURE: <b>[Signature]</b>						DATE: <b>30/01/2018</b>	
SERVICES PLEASE SELECT SERVICE <input checked="" type="checkbox"/> IN BOX							
DOOR TO DOOR ECONOMY <input checked="" 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 SELLED AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRY PAGE (SEE REVERSE)			
CHECKED IN				SENDER'S SIGNATURE <b>msot-e</b> DATE <b>30/01/2018</b>			
CHECKED OUT	<b>IVAN</b>	<b>31/01/2018</b>	<b>[Signature]</b>	PRINT NAME: <b>Tloy</b> TIME: <b>18:00</b>			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE <b>[Signature]</b> DATE <b>31-01-2018</b>			
				PRINT NAME: <b>Lubiana</b> TIME: <b></b>			

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.