

OK DC SI ZX 6P Jan 14/16



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EMIT 320066

ACCOUNT NUMBER NOV001		CLIENT REFERENCE 75		OFFICE REFERENCE 75		DATE 011 415 1923	
SENDER (Your Name)				RECEIVER (Name)			
COMPANY (Name) LE CREUSET SOMERSET WEST				COMPANY (Name) LE CREUSET BEDFORD			
STREET ADDRESS (Dept./Floor) UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL E2 OLD PAARDEVLIE ROAD				STREET ADDRESS (Dept./Floor) SHOP U17 BEDFORD CENTRE SMITH & VAN DER LIP BEDFORDVIEW			
CITY SOMERSET WEST				CITY JOHANNESBURG			
SUBURB				SUBURB			
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
4	BOXES	46	46	52		84	
3	BOXES	62	42	38		82	
1	Box	50	46	52			
1	Box	23	46	52			
1	Box	26	46	52			
				VAT: 4160178069 TEL: 011 415 1923 EMAIL: bedford.store.za@lecreuset.com			
TEST WEIGHT (OFFICE USE) 10 Boxes				187kg			

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	Maria	12-09-16	[Signature]	SENDER'S SIGNATURE: [Signature] DATE: 12-9-16					
CHECKED OUT	Edwin	12/09/16	[Signature]	PRINT NAME: MARSHALL TIME: _____					
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION					
CHECKED OUT	Musa	14/09/16	[Signature]	RECEIVER'S SIGNATURE: [Signature] DATE: 14-09-2016					
				PRINT NAME: KEEOWANG TIME: 11:31					

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 THE ABOVE NAMED CARRIER.