

CHICAGO 17 GP



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EMIT 320064

ACCOUNT NUMBER 10V001	CLIENT REFERENCE CAST IRON BIS	OFFICE REFERENCE CAST IRON BIS	DATE
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SENDER (Your Name)		TEL 021 851 7178	RECEIVER (Name)		011 415 1823		
COMPANY (Name) LE CREUSET SOMERSET WEST				COMPANY (Name) LE CREUSET BEDFORD			
STREET ADDRESS (Dept./Floor) UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ES OLD PAARDEVILIE ROAD				STREET ADDRESS (Dept./Floor) SHOP U17 BEDFORD CENTRE SMITH & VAN DER LIJDE BEDFORDVIEW			
CITY SOMERSET WEST		SUBURB	CITY JOHANNESBURG		SUBURB		
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
6	BOXES	62	42	38		195	✓
1	BOX	50	48	34		22	
1	BOX	56	33	42		9	
1	BOX	27	27	14		1	
TEST WEIGHT (OFFICE USE)						309kg	

COLLECTED BY:
SIGNATURE:
DATE: 5/10/16 TIME: _____

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		SENDER'S SIGNATURE: DATE: 5/10/16			
CHECKED OUT	Oliver	05/10/16		PRINT NAME: MARKHAM TIME: _____			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT	PETER	08/10/16		RECEIVER'S SIGNATURE: DATE: 8/10/16			
				PRINT NAME: TIME: 9:15			

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.

Uniprint-F 031 560 2300 07/2013