MEMPHIS COURIER

M2137518COL

Nº Package

1 of 1

House: M2137518COL

FROM:BRASIL	**TO : BRASIL**

Shipper		**Consignee**	
NAME:	**MEDKAYA PRODUTOS E SERVICOSFARMACEUTICOS LTDA**	NAME:	**Suely De Souza Capute**
RUC/DNI/ID:	**28.604.566/0001-41**	RUC/DNI/ID:	**45322716734**
ATT. FROM:	**.**	ATT. TO:	**.**
ADDRESS:	**AV DAS AMÉRICAS 3959 LJ 229-230**	ADDRESS:	**Rua Assis, 143**
ADD INFO:	**.**	ADD INFO:	**.**
CITY/ST:	**Rio de Janeiro, RJ**	CITY/ST:	**RIO DE JANEIRO - RIO DE JANEIRO-RJ**
ZIP CODE:	**22631003**	ZIP CODE:	**22030010**
PHONE:		PHONE:	**(21) 99789-1944**

NON-NEGOTIABLE CONSIGMENT NOTE SUBJECT TO STANDARD TRADING CONDITIONS SHOWN ON THE REVERSE OF THE SHIPPERS RECEIPT

DESCRIPTION

PROFORMA INVOICE REQUIRED FOR ALL NON-DOCS

DESCRIPTION **BRA3000FULLHSO**	**Valor(U$S):**	**Peso Total(Kg):**
	246.80	0.30

Pieces

DELIVERED DUTY UNPAID

Item N°	**Len**	**Width**	**Height**	**Weight**	Vol weight
1	12.000	12.000	5.000	0.300	0.120

ATTENTION ----------

RECEIVED BY ----------

DATE ----------

SIGNATURE ----------