MEMPHIS COURIER

M2145175COL

Nº Package

1 of 1

House: M2145175COL

FROM:BRASIL	**TO : BRASIL**

Shipper		**Consignee**	
NAME:	**MEDKAYA PRODUTOS E SERVIÇOS FARMACÊUTICOS LTDA**	NAME:	**Carla Aparecida Schneidereit De Sa**
RUC/DNI/ID:	**28604566000141**	RUC/DNI/ID:	**28537739812**
ATT. FROM:	**.**	ATT. TO:	**.**
ADDRESS:	**Av. das Américas, 3959 - Loja 229**	ADDRESS:	**Rua João Munhoz, 18**
ADD INFO:		ADD INFO:	**Ponto de referência rua antes de chegar ao supermercado Good Bom**
CITY/ST:	**8105, RJ**	CITY/ST:	**INDAIATUBA - SAO PAULO-SP**
ZIP CODE:	**22631-003**	ZIP CODE:	**13345803**
PHONE:	**5521997824200**	PHONE:	**5519988103746**

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	**Produto Manipulado Farmacêutico**	**Valor(U$S):**	**Peso Total(Kg):**
		77.62	0.30

Pieces

DELIVERED DUTY UNPAID

Item N°	**Len**	**Width**	**Height**	**Weight**	Vol weight
1	2.000	2.000	2.000	0.300	0.001

ATTENTION ----------

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

DATE ----------

SIGNATURE ----------