



105 Maxess Road
Ste. S124
Melville, NY 11747

Invoice

Date	Waybill#
12/31/2018	2545

Bill To
Reproductive Specialists of NY Attn: MaryLou Demasi 200 Old Country Road Ste 350 Mineola, NY 11501

				Terms
				Due on receipt
Item	Service Date	Waybill No.	Description	Amount
320	7/20/2018	58045	1 Blood/Specimen Transp	72.00
320	7/30/2018	58048	1 Blood/Specimen Transp	72.00
320	8/1/2018	58043	1 Blood/Specimen Transp	72.00
320	8/3/2018	58044	1 Blood/Specimen Transp	72.00
320	8/13/2018	58036	1 Blood/Specimen Transp	72.00
320	8/15/2018	58037	1 Blood/Specimen Transp	72.00
320	8/17/2018	58038	1 Blood/Specimen Transp	72.00
320	8/20/2018	58039	1 Blood/Specimen Transp	72.00
235	9/7/2018	65539	1 Blood/Specimen Transp	72.00
235	10/1/2018	65555	1 Blood/Specimen Transp	72.00
235	10/2/2018	65558	1 Blood/Specimen Transp	72.00
235	10/3/2018	65560	1 Blood/Specimen Transp	72.00
235	10/5/2018	65562	1 Blood/Specimen Transp	72.00
235	10/9/2018	65568	1 Blood/Specimen Transp	72.00
235	10/11/2018	61650	1 Blood/Specimen Transp	72.00
235	10/12/2018	61651	1 Blood/Specimen Transp	72.00
235	10/15/2018	61653	1 Blood/Specimen Transp	72.00
235	10/16/2018	61655	1 Blood/Specimen Transp	72.00
235	10/17/2018	61658	1 Blood/Specimen Transp	72.00
235	10/18/2018	65570	1 Blood/Specimen Transp	72.00
235	10/19/2018	65169	1 Blood/Specimen Transp	72.00
235	10/22/2018	65172	1 Blood/Specimen Transp	72.00
235	10/23/2018	65175	1 Blood/Specimen Transp	72.00
235	10/24/2019	65183	1 Blood/Specimen Transp	72.00
235	10/25/2018	65186	1 Blood/Specimen Transp	72.00
235	10/26/2018	65187	1 Blood/Specimen Transp	72.00
235	10/29/2018	65580	1 Blood/Specimen Transp	72.00
235	10/30/2018	65192	1 Blood/Specimen Transp	72.00
235	10/31/2018	65194	1 Blood/Specimen Transp	72.00
235	11/1/2018	65199	1 Blood/Specimen Transp	72.00
			Total	

Phone #	Fax #	E-mail	Web Site
631-629-4783	631-629-4782	t.philp@prontopak.com	www.prontopak.com



105 Maxess Road
Ste. S124
Melville, NY 11747

Invoice

Date	Waybill#
12/31/2018	2545

Bill To
Reproductive Specialists of NY Attn: MaryLou Demasi 200 Old Country Road Ste 350 Mineola, NY 11501

				Terms
				Due on receipt
Item	Service Date	Waybill No.	Description	Amount
235	11/2/2018	65200	1 Blood/Specimen Transp	72.00
235	11/6/2018	65587	1 Blood/Specimen Transp	72.00
235	11/7/2018	65590	1 Blood/Specimen Transp	72.00
235	11/8/2018	65591	1 Blood/Specimen Transp	72.00
235	11/9/2018	65600	1 Blood/Specimen Transp	72.00
235	11/13/2018	64301	1 Blood/Specimen Transp	72.00
235	11/14/2018	64320	1 Blood/Specimen Transp	72.00
235	11/15/2018	65597	1 Blood/Specimen Transp	72.00
Total				\$2,736.00

Phone #	Fax #	E-mail	Web Site
631-629-4783	631-629-4782	t.philp@prontopak.com	www.prontopak.com

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

58045

C1 0520	C2	C3
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ProntoPak Account Number

Trace Number

Date

7/20/2018

1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Reproductive Specialists of New York

Street Address [Including Floor and/or Room Number]

1111 Montauk Hwy Ste 204

City

West Islip

State Zip

NY

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Reproductive Specialists of New York

Street Address [Including Floor and/or Room Number]

2500 Nesconset Hwy Bld 23

City

Stonybrook

State Zip

NY

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

<input type="checkbox"/> Exclusive Priority 3 Hour Delivery Objective / ASAP	<input checked="" type="checkbox"/> Rush Priority 4 Hour Delivery Objective	<input type="checkbox"/> Overnight Next Business Day Delivery	<input checked="" type="checkbox"/> Route Pre-Scheduled Service
<input type="checkbox"/> Special Delivery 5-6 Hour Delivery Objective	<input type="checkbox"/> Regular Delivery 7-8 Hour Delivery Objective	Code	Deadline Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

	Env	Pkg	Ctn	Other	Total
<input type="checkbox"/> Bulk Items Lifting and / or hand truck required	Quantity			Blood sample	1
<input type="checkbox"/> Fragile Items Special Handling Required	Weight				
	Dimensions				

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:	<input type="checkbox"/> Shipper	<input type="checkbox"/> Recipient	<input type="checkbox"/> Cancellation
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash Check	<input type="checkbox"/> Third Party	<input type="checkbox"/> Waiting Time (In Minutes)
Check Number	Amount		
Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00			Fees & Adjustments
<input type="checkbox"/> Declared Value Amount: Signature required in section 7			Total Charges 72.00

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature	For Shipping, Insurance, Cancellation	Pickup Time
		10:00

Shipper's Name [PRINTED]

Leidy Tavorer

Recipient's Signature Sign upon delivery	Delivery Time
	10:45

Recipient's Name [PRINTED]

Erin Bordt

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

58048

C1 0300	C2	C3
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ProntoPak Account Number

Trace Number

Date

7/30/18

1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Reproductive Specialists of New York

Street Address [Including Floor and/or Room Number]

1111 Montauk Hwy Ste 204

City

West Islip

State

NY

Zip

11795

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Reproductive Specialists of New York

Street Address [Including Floor and/or Room Number]

2500 Macawset Hwy Bld 2B

City

Stonybrook

State

NY

Zip

11790

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority

3 Hour Delivery
Objective / ASAP

☐ Rush Priority

4 Hour Delivery
Objective

☐ Overnight

Next Business
Day Delivery

☐ Route

Pre-Scheduled
Service

☐ Special Delivery

5-6 Hour Delivery
Objective

☐ Regular Delivery

7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items

Lifting and /
or hand truck
required

Quantity

Env

Pkg

Ctn

Other

Total

Weight

Dimensions

☐ Fragile Items

Special Handling
Required

BLOOD
SAMPLES

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card

☐ Cash | Check

☐ Third Party

☐ Waiting Time

Check Number

Amount

(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:

Signature required in section 7

Total Charges

7 Signatures

☐ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

[Signature]

10:00

Shipper's Name [PRINTED]

SARA BOSCO

Recipient's Signature | Sign upon delivery

Delivery Time

- Patricia Bosco

10:50

Recipient's Name [PRINTED]

- Patricia Bosco

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

58043

C1

C2

C3

0320

ProntoPak Account Number

Trace Number

Date

8/01/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Reproductive Specialists of New York

Street Address (Including Floor and/or Room Number)

1111 Montauk Hwy Ste 204

City

West Eschp

State

Zip

NY

11795

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Reproductive Specialists of New York

Street Address (Including Floor and/or Room Number)

2800 Nesconset Hwy Bld 23

City

Stonybrook

State

Zip

NY

11790

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority

3 Hour Delivery
Objective / ASAP

☐ Rush Priority

4 Hour Delivery
Objective

☐ Overnight

Next Business
Day Delivery

☐ Route

Pre-Scheduled
Service

☐ Special Delivery

5-6 Hour Delivery
Objective

☐ Regular Delivery

7-8 Hour Delivery
Objective

Code

Deadline

Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items

Lifting and /
or hand truck
required

☐ Fragile Items

Special Handling
Required

Quantity

Weight

Dimensions

Env

Pkg

Ctn

Other

Total

BLOOD
SAMPLE

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card

☐ Cash | Check

☐ Third Party

☐ Waiting Time

Check Number

Amount

(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:

Signature required in section 7

Total Charges

7 Signatures

☐ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

- Marilyn Malavez 10:00

Shipper's Name [PRINTED]

- Marilyn Malavez

Recipient's Signature | Sign upon delivery

Delivery Time

- Erin Bordt 10:40

Recipient's Name [PRINTED]

- Erin Bordt

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

58044

C1	C2	C3
0320		

ProntoPak Account Number

Trace Number

Date

8/3/2018

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Reproductive Specialists of New York

Street Address (Including Floor and/or Room Number)

111 Montauk Hwy Ste 204

City

West Islip

State

NY

Zip

11795

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Reproductive Specialists of New York

Street Address (Including Floor and/or Room Number)

2500 Nesconset Hwy Bld 23

City

Stonybrook

State

NY

Zip

11790

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority

3 Hour Delivery
Objective / ASAP

☐ Rush Priority

4 Hour Delivery
Objective

☐ Overnight

Next Business
Day Delivery

☐ Route

Pre-Scheduled
Service

☐ Special Delivery

5-6 Hour Delivery
Objective

☐ Regular Delivery

7-8 Hour Delivery
Objective

Code

Deadline

Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items

Lifting and /
or hand truck
required

☐ Fragile Items

Special Handling
Required

Quantity

Weight

Dimensions

Env

Pkg

Ctn

Other

Total

BLOOD
SAMPLES (

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card

☐ Cash | Check

☐ Third Party

☐ Waiting Time

Check Number

Amount

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:

Signature required in section 7

Total Charges

7 Signatures

☐ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Leidy Tavaras | 10:00

Shipper's Name (PRINTED)

Leidy Tavaras

Recipient's Signature | Sign upon delivery

Delivery Time

Taborthe Buderman | 10:40

Recipient's Name (PRINTED)

Taborthe Buderman

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

58036

C1 0320	C2	C3
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ProntoPak Account Number

Trace Number

Date

8/13/2015

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Reproductive Specialists of New York

Street Address (Including Floor and/or Room Number)

111 Montauk Hwy Ste 204

City

West Islip

State

NY

Zip

11795

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Reproductive Specialists of New York

Street Address (Including Floor and/or Room Number)

2800 Mesconset Hwy Bld 23

City

Stony Brook

State

NY

Zip

11790

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

<input type="checkbox"/> Exclusive Priority 3 Hour Delivery Objective / ASAP	<input type="checkbox"/> Rush Priority 4 Hour Delivery Objective	<input type="checkbox"/> Overnight Next Business Day Delivery	<input type="checkbox"/> Route Pre-Scheduled Service
<input type="checkbox"/> Special Delivery 5-6 Hour Delivery Objective	<input type="checkbox"/> Regular Delivery 7-8 Hour Delivery Objective	Code Deadline Notes:	

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

	Env	Pkg	Ctn	Other	Total
<input type="checkbox"/> Bulk Items Lifting and / or hand truck required	Quantity	1		BLOOD SAMPLES	
<input type="checkbox"/> Fragile Items Special Handling Required	Weight				
	Dimensions				

Contents of shipments must be declared / All shipments subject to inspection on pickup

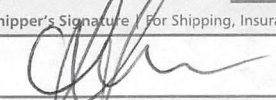
6 Service Summary

Bill To:	<input type="checkbox"/> Shipper	<input type="checkbox"/> Recipient	<input type="checkbox"/> Cancellation
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash Check	<input type="checkbox"/> Third Party	<input type="checkbox"/> Waiting Time (In Minutes)
Check Number	Amount		
Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00			Fees & Adjustments
<input type="checkbox"/> Declared Value Amount: Signature required in section 7			Total Charges 72.00

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

	11:30
---	-------

Shipper's Name (PRINTED)

Leidy Tavaraz

Recipient's Signature | Sign upon delivery

Delivery Time

	12:00
--	-------

Recipient's Name (PRINTED)

Pat Bosco

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

58037

C1	C2	C3
0320		

ProntoPak Account Number

Trace Number

Date

8/15/2018

1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Reproductive Specialists of New York

Street Address [Including Floor and/or Room Number]

111 Montauk Hwy Ste 204

City

West Islip

State

NY

Zip

11795

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Reproductive Specialists of New York

Street Address [Including Floor and/or Room Number]

2500 Wegonsset Hwy Bld 23

City

Stony Brook

State

NY

Zip

11790

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Exclusive Priority
3 Hour Delivery
Objective / ASAP | <input type="checkbox"/> Rush Priority
4 Hour Delivery
Objective | <input type="checkbox"/> Overnight
Next Business
Day Delivery | <input type="checkbox"/> Route
Pre-Scheduled
Service |
| <input type="checkbox"/> Special Delivery
5-6 Hour Delivery
Objective | <input type="checkbox"/> Regular Delivery
7-8 Hour Delivery
Objective | Code Deadline Notes: | |

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

<input type="checkbox"/> Bulk Items Lifting and / or hand truck required	Quantity	Env	Pkg	Ctn	Other	Total
<input type="checkbox"/> Fragile Items Special Handling Required	Weight					
	Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:	<input type="checkbox"/> Shipper	<input type="checkbox"/> Recipient	<input type="checkbox"/> Cancellation
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash Check	<input type="checkbox"/> Third Party	<input type="checkbox"/> Waiting Time (In Minutes)
Check Number	Amount		
Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00			Fees & Adjustments
<input type="checkbox"/> Declared Value Amount: Signature required in section 7			Total Charges
			72.00

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Shipper's Signature (Printed) FALSE Pickup	10:00
---	-------

Recipient's Signature | Sign upon delivery

Delivery Time

Recipient's Signature (Empty space for signature)	Delivery Time (Empty space for time)
--	---

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

58038

C1

0320

C2

C3

ProntoPak Account Number

Trace Number

Date

8/17/18

1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Reproductive Specialists of New York

Street Address [Including Floor and/or Room Number]

1111 Montauk Hwy Ste 204

City

West Islip

State

NY

Zip

11798

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Reproductive Specialists of New York

Street Address [Including Floor and/or Room Number]

2500 Nesconset Hwy Bld 23

City

Stamford

State

NY

Zip

11790

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority

3 Hour Delivery
Objective / ASAP

☐ Rush Priority

4 Hour Delivery
Objective

☐ Overnight

Next Business
Day Delivery

☐ Route

Pre-Scheduled
Service

☐ Special Delivery

5-6 Hour Delivery
Objective

☐ Regular Delivery

7-8 Hour Delivery
Objective

Code

Deadline

Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items

Lifting and /
or hand truck
required

☐ Fragile Items

Special Handling
Required

Env

Pkg

Ctn

Other

Total

Quantity

1

BLOOD
SAMPLES

Weight

Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card

☐ Cash | Check

☐ Third Party

☐ Waiting Time

Check Number

Amount

(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:

Signature required in section 7

Total Charges

72.00

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation

Pickup Time

RAISO PICKUP 10:00

Shipper's Name [PRINTED]

Recipient's Signature | Sign upon delivery

Delivery Time

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

58039

C1

C2

C3

0320

ProntoPak Account Number

Trace Number

Date

8/20/2018

1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Reproductive Specialists of New York

Street Address [Including Floor and/or Room Number]

111 Montauk Hwy Ste 204

City

West Islip

State

NY

Zip

11795

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Reproductive Specialists of New York

Street Address [Including Floor and/or Room Number]

2800 Nesconset Hwy Bld 23

City

Stonybrook

State

NY

Zip

11790

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority
3 Hour Delivery
Objective / ASAP

☐ Rush Priority
4 Hour Delivery
Objective

☐ Overnight
Next Business
Day Delivery

☐ Route
Pre-Scheduled
Service

☐ Special Delivery
5-6 Hour Delivery
Objective

☐ Regular Delivery
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items
Lifting and /
or hand truck
required

Quantity

Env

Pkg

Ctn

Other

Total

Weight

☐ Fragile Items
Special Handling
Required

Dimensions

BULD
SAVES

1

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

15.00

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Signature | 10:00

Shipper's Name [PRINTED]

Recipient's Signature | Sign upon delivery

Delivery Time

Signature

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number

Trace Number

Date

9/7/18

1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxx Road - Suite 5124
Melville, NY 11747

www.prontopak.com

Waybill

65539

C1
235

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☒ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

Quantity	Env	Pkg	Ctn	Other	Total

☐ **Fragile Items**
Special Handling
Required

Weight	Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges
72.00

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Gina Piccoli 10:00am

Shipper's Name [PRINTED]

Gina Piccoli

Recipient's Signature | Sign upon delivery

Delivery Time

Eui Borda 9/7/18

Recipient's Name [PRINTED]

10:41am

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number

Trace Number

Date

10/1/18

1 From

Shipper's Name

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

Bjorn Jervic
SPECIALIST
OF
New York
West 42nd

2 To

Recipient's Name

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

Bjorn Jervic
SPECIALIST
OF
New York
STONY BROOK

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxess Road - Suite S124
Melville, NY 11747

www.prontopak.com

Waybill

65555

C1

231

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority
3 Hour Delivery
Objective / ASAP

☐ Rush Priority
4 Hour Delivery
Objective

☐ Overnight
Next Business
Day Delivery

☐ Route
Pre-Scheduled
Service

☐ Special Delivery
5-6 Hour Delivery
Objective

☐ Regular Delivery
7-8 Hour Delivery
Objective

Code Deadline Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items
Lifting and /
or hand truck
required

Quantity	Env	Pkg	Ctn	Other	Total

☐ Fragile Items
Special Handling
Required

Weight	Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To: ☐ Shipper ☐ Recipient

☐ Credit Card ☐ Cash | Check ☐ Third Party
Check Number Amount

☐ Cancellation

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this
receipt, the shipper hereby releases the property to
a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature For Shipping, Insurance, Cancellation Pickup Time


 10:21

Shipper's Name [PRINTED]

Leidy Tavaras

Recipient's Signature | Sign upon delivery

Delivery Time

 11:05

Recipient's Name [PRINTED]

P Bosco

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

65558

C1
231

C2

C3

ProntoPak Account Number

Trace Number

Date

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

	Env	Pkg	Ctn	Other	Total
Quantity					

☐ **Fragile Items**
Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signature

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

[Signature]

10:18 AM

Shipper's Name [PRINTED]

Leidy Tavaraz

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature]

10:18

Recipient's Name [PRINTED]

Jabitha Biederman

Your signature acknowledges receipt of shipment in good condition as scheduled.

1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

Reproactive
Specialist
of
New York
West Corp

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

Reproactive
Specialist
of
New York
Stony Brook

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxess Road - Suite S124
Melville, NY 11747

www.prontopak.com

ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number

Trace Number

Date

10/3/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxess Road - Suite S124
Melville, NY 11747

www.prontopak.com

Waybill

65560

C1

235

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

	Env	Pkg	Ctn	Other	Total
Quantity					

☐ **Fragile Items**
Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

[Signature]

10:19 AM

Shipper's Name [PRINTED]

Leidy Tawarez

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature]

11:10 AM

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number

Trace Number

Date 10/5/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxess Road - Suite S124
Melville, NY 11747

www.prontopak.com

Waybill

65562

C1

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority
3 Hour Delivery
Objective / ASAP

☐ Rush Priority
4 Hour Delivery
Objective

☐ Overnight
Next Business
Day Delivery

☐ Route
Pre-Scheduled
Service

☐ Special Delivery
5-6 Hour Delivery
Objective

☐ Regular Delivery
7-8 Hour Delivery
Objective

Code Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items
Lifting and /
or hand truck
required

Quantity	Env	Pkg	Ctn	Other	Total

☐ Fragile Items
Special Handling
Required

Weight	Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☐ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

[Signature] | 10:28 AM

Shipper's Name (PRINTED)

Lidia Tewarez

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature] | 11:05

Recipient's Name (PRINTED)

Yerlyn Caba

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

65568

C1

235

C2

C3

ProntoPak Account Number

Trace Number

Date

10/9/18

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority

3 Hour Delivery
Objective / ASAP

☐ Rush Priority

4 Hour Delivery
Objective

☐ Overnight

Next Business
Day Delivery

☐ Route

Pre-Scheduled
Service

☐ Special Delivery

5-6 Hour Delivery
Objective

☐ Regular Delivery

7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items

Lifting and /
or hand truck
required

☐ Fragile Items

Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Quantity					
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card

Cash | Check

☐ Third Party

☐ Waiting Time

Check Number

Amount

(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:

Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time


 | 10:19am

Shipper's Name (PRINTED)

Deidy Taware?

Recipient's Signature | Sign upon delivery

Delivery Time

 | 10:50

Recipient's Name (PRINTED)

P. Bosco

Your signature acknowledges receipt of shipment in good condition as scheduled.

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1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxx Road - Suite S124
Melville, NY 11747

www.prontopak.com

ProntoPak®

Courier Systems

www.prontopak.com

Waybill -

61650

C1

235

C2

C3

ProntoPak Account Number

Trace Number

Date

10/11/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority

3 Hour Delivery
Objective / ASAP

☐ Rush Priority

4 Hour Delivery
Objective

☐ Overnight

Next Business
Day Delivery

☐ Route

Pre-Scheduled
Service

☐ Special Delivery

5-6 Hour Delivery
Objective

☐ Regular Delivery

7-8 Hour Delivery
Objective

Code

Deadline

Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items

Lifting and /
or hand truck
required

☐ Fragile Items

Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Quantity					
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card

☐ Cash | Check

☐ Third Party

☐ Waiting Time

Check Number

Amount

(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:

Signature required in section 7

Total Charges

7 Signatures

☐ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Shipper's Name [PRINTED]

Recipient's Signature | Sign upon delivery

Delivery Time

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

61651

C1

235

C2

C3

ProntoPak Account Number

Trace Number

Date

10/12/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

- ☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP
- ☐ **Rush Priority**
4 Hour Delivery
Objective
- ☐ **Overnight**
Next Business
Day Delivery
- ☐ **Route**
Pre-Scheduled
Service
- ☐ **Special Delivery**
5-6 Hour Delivery
Objective
- ☐ **Regular Delivery**
7-8 Hour Delivery
Objective
- Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

	Env	Pkg	Ctn	Other	Total
<input type="checkbox"/> Bulk Items Lifting and / or hand truck required	Quantity				
<input type="checkbox"/> Fragile Items Special Handling Required	Weight				
	Dimensions				

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To: ☐ Shipper ☐ Recipient ☐ Cancellation

☐ Credit Card ☐ Cash | Check ☐ Third Party ☐ Waiting Time
Check Number Amount (In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

☐ Declared Value | Amount:
Signature required in section 7

Fees & Adjustments

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature (For Shipping, Insurance, Cancellation) Pickup Time

Shipper's Name [PRINTED]

Recipient's Signature | Sign upon delivery

Delivery Time

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled

ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number

Trace Number

Date

10/15/18

1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

Pronto Justice
SPECIALIST
WEST ESUP

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

Pronto Justice
SPECIALIST
STON BROOK

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

Waybill

61653

C1

235

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority

3 Hour Delivery
Objective / ASAP

☐ Rush Priority

4 Hour Delivery
Objective

☐ Overnight

Next Business
Day Delivery

☐ Route

Pre-Scheduled
Service

☐ Special Delivery

5-6 Hour Delivery
Objective

☐ Regular Delivery

7-8 Hour Delivery
Objective

Code Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items

Lifting and /
or hand truck
required

☐ Fragile Items

Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Quantity					
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card

☐ Cash | Check

☐ Third Party

☐ Waiting Time

Check Number

Amount

(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:

Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature For Shipping, Insurance, Cancellation Pickup Time

[Signature] 10:19 AM

Shipper's Name [PRINTED]

Nichy Tavaroz

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature] 11:05

Recipient's Name [PRINTED]

P/Bosco

Your signature acknowledges receipt of shipment in good condition as scheduled

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

61655

C1

235

C2

C3

ProntoPak Account Number

Trace Number

Date

10/16/18

1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

	Env	Pkg	Ctn	Other	Total
Quantity					

☐ **Fragile Items**
Special Handling
Required

Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To: ☐ Shipper ☐ Recipient

☐ **Cancellation**

☐ **Credit Card** ☐ **Cash** | Check ☐ **Third Party**
Check Number Amount

☐ **Waiting Time**
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ **Declared Value | Amount:**
Signature required in section 7

Total Charges

7 Signatures

☒ **No Signature Required At Delivery**

Shipper's Signature For Shipping, Insurance, Cancellation Pickup Time


 10:35AM

Shipper's Name [PRINTED]

Leidy Tovar

Recipient's Signature | Sign upon delivery

Delivery Time

 11:10

Recipient's Name [PRINTED]

P. Bosco

Your signature acknowledges receipt of shipment in good condition as scheduled

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

61658

C1

235

C2

C3

ProntoPak Account Number

Trace Number

Date

10/17/18

1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

ProntoPak Courier Systems, Inc.
150 Broadhollow Road - Suite 98
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

- ☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP
- ☐ **Rush Priority**
4 Hour Delivery
Objective
- ☐ **Overnight**
Next Business
Day Delivery
- ☐ **Route**
Pre-Scheduled
Service
- ☐ **Special Delivery**
5-6 Hour Delivery
Objective
- ☐ **Regular Delivery**
7-8 Hour Delivery
Objective
- Code Deadline Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

	Env	Pkg	Ctn	Other	Total
<input type="checkbox"/> Bulk Items Lifting and / or hand truck required	Quantity				
<input type="checkbox"/> Fragile Items Special Handling Required	Weight				
	Dimensions				

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

- Bill To: ☐ Shipper ☐ Recipient ☐ Cancellation
- ☐ Credit Card ☐ Cash | Check ☐ Third Party ☐ Waiting Time
Check Number Amount (in Minutes)
- Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00
- ☐ Declared Value | Amount:
Signature required in section 7
- Fees & Adjustments
- Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature For Shipping, Insurance, Cancellation Pickup Time

[Signature] 10:27

Shipper's Name [PRINTED]

Loichy Tawaret

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature] 11:15

Recipient's Name [PRINTED]

Tahitha Biederman

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number

Trace Number

Date

10/18/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxess Road - Suite S124
Melville, NY 11747

www.prontopak.com

Waybill

65570

C1 235

C2

C3

4 Services (Choose Only One)

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority
3 Hour Delivery
Objective / ASAP

☐ Rush Priority
4 Hour Delivery
Objective

☐ Overnight
Next Business
Day Delivery

☐ Route
Pre-Scheduled
Service

☐ Special Delivery
5-6 Hour Delivery
Objective

☐ Regular Delivery
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items
Lifting and /
or hand truck
required

Quantity	Env	Pkg	Ctn	Other	Total

☐ Fragile Items
Special Handling
Required

Weight	Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

72

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature / For Shipping, Insurance, Cancellation | Pickup Time

[Signature]

10:33 AM

Shipper's Name [PRINTED]

Loidy Tavaraz

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature]

11:15

Recipient's Name [PRINTED]

P Bosw

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number

Trace Number

Date

10/19/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxess Road - Suite S124
Melville, NY 11747

www.prontopak.com

Waybill

65169

C1

235

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

Quantity

Env

Pkg

Ctn

Other

Total

☐ **Fragile Items**
Special Handling
Required

Weight

Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check

☐ Third Party
Amount

☐ Waiting Time
(in Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Shipper's Name [PRINTED]

Recipient's Signature | Sign upon delivery

Delivery Time

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number

Trace Number

Date

10/22/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxess Road - Suite S124
Melville, NY 11747

www.prontopak.com

Waybill

65172

C1
235

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

	Env	Pkg	Ctn	Other	Total
Quantity					

☐ **Fragile Items**
Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

[Signature] | 10:30 AM

Shipper's Name [PRINTED]

Lidly Tavaraz

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature] | 11:15

Recipient's Name [PRINTED]

PHOSW

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number

Trace Number

Date

10/23/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

Repair Section
Specialists
West Ascp

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

Repair Section
Specialists
Storxpluote

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxess Road - Suite 5124
Melville, NY 11747

www.prontopak.com

Waybill

65175

C1

235

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

☐ **Fragile Items**
Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Quantity					
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

[Signature] | 10:28 AM

Shipper's Name (PRINTED)

Leidy Tavarres

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature] | 11:05

Recipient's Name (PRINTED)

P. Bosco

Your signature acknowledges receipt of shipment in good condition as scheduled.

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Courier Systems

www.prontopak.com

Waybill

65183

C1
235

C2

C3

ProntoPak Account Number

Trace Number

Date

10/24/18

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

	Env	Pkg	Ctn	Other	Total
Quantity					

☐ **Fragile Items**
Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

[Signature]

10:37AM

Shipper's Name [PRINTED]

Leidy Tovar

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature]

11:27

Recipient's Name [PRINTED]

[Signature]

Your signature acknowledges receipt of shipment in good condition as scheduled.

1 From

Shipper's Name

Reputation
Specialists

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

West Asip

State

Zip

2 To

Recipient's Name

Reputation
Specialists

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

Strong Boots

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxess Road - Suite S124
Melville, NY 11747

www.prontopak.com

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Courier Systems

www.prontopak.com

Waybill

65186

C1 235

C2

C3

ProntoPak Account Number

Trace Number

Date

10/25/18

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority

3 Hour Delivery
Objective / ASAP

☐ Rush Priority

4 Hour Delivery
Objective

☐ Overnight

Next Business
Day Delivery

☐ Route

Pre-Scheduled
Service

☐ Special Delivery

5-6 Hour Delivery
Objective

☐ Regular Delivery

7-8 Hour Delivery
Objective

Code Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items

Lifting and /
or hand truck
required

☐ Fragile Items

Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Quantity					
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card

Cash | Check

☐ Third Party

☐ Waiting Time

Check Number

Amount

(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:

Signature required in section 7

Total Charges

7 Signatures

☐ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Shipper's Name [PRINTED]

Recipient's Signature | Sign upon delivery

Delivery Time

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.

1 From

Shipper's Name

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

Telephone Number

2 To

Recipient's Name

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

Telephone Number

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

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105 Maxess Road - Suite S124
Melville, NY 11747

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Courier Systems

www.prontopak.com

Waybill

65187

C1 235

C2

C3

ProntoPak Account Number

Trace Number

Date

10/26/18

1 From

Shipper's Name

Byproduct
Specialist

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

West Asap

State

Zip

2 To

Recipient's Name

Byproduct
Specialist

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

Stacy Gnoke

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

Quantity	Env	Pkg	Ctn	Other	Total

☐ **Fragile Items**
Special Handling
Required

Weight	Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☐ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

 | 10:34

Shipper's Name [PRINTED]

Leidy Tavaraz

Recipient's Signature | Sign upon delivery

Delivery Time

 | 11:23

Recipient's Name [PRINTED]

T. Biederman

Your signature acknowledges receipt of shipment in good condition as scheduled.

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

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105 Maxess Road - Suite S124
Melville, NY 11747

www.prontopak.com

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Courier Systems

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Waybill

65580

C1 231

C2

C3

ProntoPak Account Number

Trace Number

Date

10/29/18

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority
3 Hour Delivery
Objective / ASAP

☐ Rush Priority
4 Hour Delivery
Objective

☐ Overnight
Next Business
Day Delivery

☐ Route
Pre-Scheduled
Service

☐ Special Delivery
5-6 Hour Delivery
Objective

☐ Regular Delivery
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items
Lifting and /
or hand truck
required

	Env	Pkg	Ctn	Other	Total
Quantity					

☐ Fragile Items
Special Handling
Required

Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments


☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

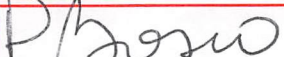
Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

 10:20

Shipper's Name [PRINTED]

Recipient's Signature | Sign upon delivery

Delivery Time

 10:45

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

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Courier Systems

www.prontopak.com

Waybill

65192

C1

231

C2

C3

ProntoPak Account Number

Trace Number

Date

10/30/18

1 From

Shipper's Name

REPAIR SECTION
SPECIALISTS

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

W. Esup

State

Zip

2 To

Recipient's Name

REPAIR SECTION
SPECIALISTS

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

STONY BROOK

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxess Road - Suite S124
Melville, NY 11747

www.prontopak.com

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority
3 Hour Delivery
Objective / ASAP

☐ Rush Priority
4 Hour Delivery
Objective

☐ Overnight
Next Business
Day Delivery

☐ Route
Pre-Scheduled
Service

☐ Special Delivery
5-6 Hour Delivery
Objective

☐ Regular Delivery
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items
Lifting and /
or hand truck
required

Quantity	Env	Pkg	Ctn	Other	Total

☐ Fragile Items
Special Handling
Required

Weight	Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

[Signature]

10:13 AM

Shipper's Name (PRINTED)

Leidy Tawarez

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature]

10:45 AM

Recipient's Name (PRINTED)

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

65194

C1 235

C2

C3

ProntoPak Account Number

Trace Number

Date

10/31/18

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority

3 Hour Delivery
Objective / ASAP

☐ Rush Priority

4 Hour Delivery
Objective

☐ Overnight

Next Business
Day Delivery

☐ Route

Pre-Scheduled
Service

☐ Special Delivery

5-6 Hour Delivery
Objective

☐ Regular Delivery

7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items

Lifting and /
or hand truck
required

☐ Fragile Items

Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Quantity					
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card

Cash | Check

☐ Third Party

☐ Waiting Time

Check Number

Amount

(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:

Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Melissa Dubois 10:14

Shipper's Name [PRINTED]

Recipient's Signature | Sign upon delivery

Delivery Time

Kyle Abramowski | 10:56 am

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.

1 From

Shipper's Name

Repro Justice
Specialists

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

West Esup

State

Zip

2 To

Recipient's Name

Repro Justice
Specialists

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

Strong brook

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

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ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number

Trace Number

Date

11/11/18

1 From

Shipper's Name

Telephone Number

Reproductive
Specialists

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

West Esch

2 To

Recipient's Name

Telephone Number

Reproductive
Specialists

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

Stony Brook

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

ProntoPak Courier Systems, Inc.
105 Maxess Road - Suite S124
Melville, NY 11747

www.prontopak.com

Waybill

65199

C1

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority

3 Hour Delivery
Objective / ASAP

☐ Rush Priority

4 Hour Delivery
Objective

☐ Overnight

Next Business
Day Delivery

☐ Route

Pre-Scheduled
Service

☐ Special Delivery

5-6 Hour Delivery
Objective

☐ Regular Delivery

7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items

Lifting and /
or hand truck
required

☐ Fragile Items

Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Quantity					
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Credit Card

☐ Cash | Check

☐ Third Party

Check Number

Amount

☐ Cancellation

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this
receipt, the shipper hereby releases the property to
a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:

Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

[Signature] | 10:19 AM

Shipper's Name [PRINTED]

Leidy Tavarce

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature] | 11:04 AM

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

www.prontopak.com

Waybill

65200

C1

235

C2

C3

ProntoPak Account Number

Trace Number

Date

11/2/18

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

	Env	Pkg	Ctn	Other	Total
Quantity					

☐ **Fragile Items**
Special Handling
Required

Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☐ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

[Signature]

10:20 AM

Shipper's Name (PRINTED)

Leidy Tawaree

Recipient's Signature | Sign upon delivery

Delivery Time

Mylie Abramashi

11/2

Recipient's Name (PRINTED)

Your signature acknowledges receipt of shipment in good condition as scheduled.

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

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Melville, NY 11747

www.prontopak.com

ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number

Trace Number

Date

11/6/18

Waybill

65587

C1

235

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

Quantity	Env	Pkg	Ctn	Other	Total

☐ **Fragile Items**
Special Handling
Required

Weight	Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Amanda Lancieria

10:10

Shipper's Name [PRINTED]

Recipient's Signature | Sign upon delivery

Delivery Time

Wylie Abramowski

11:09

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.

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1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

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Waybill

65590

231

C2

C3

ProntoPak Account Number

Trace Number

Date

11/7/18

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority
3 Hour Delivery
Objective / ASAP

☐ Rush Priority
4 Hour Delivery
Objective

☐ Overnight
Next Business
Day Delivery

☐ Route
Pre-Scheduled
Service

☐ Special Delivery
5-6 Hour Delivery
Objective

☐ Regular Delivery
7-8 Hour Delivery
Objective

Code Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items
Lifting and /
or hand truck
required

Quantity	Env	Pkg	Ctn	Other	Total

☐ Fragile Items
Special Handling
Required

Weight	Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature for Shipping, Insurance, Cancellation Pickup Time

[Signature]

10:12 AM

Shipper's Name [PRINTED]

Leidy Tawaror

Recipient's Signature | Sign upon delivery

Delivery Time

[Signature]

10:58

Recipient's Name [PRINTED]

Tatiana Biederman

Your signature acknowledges receipt of shipment in good condition as scheduled.

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1 From

Shipper's Name

Reperfection

Telephone Number

Company Name [Including Department]

Specialist

Street Address [Including Floor and/or Room Number]

City

West Islip

State

Zip

2 To

Recipient's Name

Reperfection

Telephone Number

Company Name [Including Department]

Specialist

Street Address [Including Floor and/or Room Number]

City

Stony Brook

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

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ProntoPak Account Number

Trace Number

Date

11/8/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

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www.prontopak.com

Waybill

65591

C1 235

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority

3 Hour Delivery
Objective / ASAP

☐ Rush Priority

4 Hour Delivery
Objective

☐ Overnight

Next Business
Day Delivery

☐ Route

Pre-Scheduled
Service

☐ Special Delivery

5-6 Hour Delivery
Objective

☐ Regular Delivery

7-8 Hour Delivery
Objective

Code Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items

Lifting and /
or hand truck
required

☐ Fragile Items

Special Handling
Required

	Env	Pkg	Ctn	Other	Total
Quantity					
Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card

☐ Cash | Check

☐ Third Party

☐ Waiting Time

Check Number

Amount

(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:

Signature required in section 7

Total Charges

7 Signatures

☐ No Signature Required At Delivery

Shipper's Signature For Shipping, Insurance, Cancellation Pickup Time

Shipper's Name (PRINTED)

Leidy Tavares

10:17 AM

Recipient's Signature | Sign upon delivery

Delivery Time

Recipient's Name (PRINTED)

Tabitha Buckner

11:03

Your signature acknowledges receipt of shipment in good condition as scheduled.

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ProntoPak Account Number

Trace Number

Date

11/9/18

1 From

Shipper's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name [Including Department]

Street Address [Including Floor and/or Room Number]

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

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Waybill

65600

C1

235

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ Exclusive Priority
3 Hour Delivery
Objective / ASAP

☐ Rush Priority
4 Hour Delivery
Objective

☐ Overnight
Next Business
Day Delivery

☐ Route
Pre-Scheduled
Service

☐ Special Delivery
5-6 Hour Delivery
Objective

☐ Regular Delivery
7-8 Hour Delivery
Objective

Code Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ Bulk Items
Lifting and /
or hand truck
required

Quantity	Env	Pkg	Ctn	Other	Total

☐ Fragile Items
Special Handling
Required

Weight	Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Amount

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Yelson Cabal

10:15am

Shipper's Name [PRINTED]

Recipient's Signature | Sign upon delivery

Delivery Time

Hylic Abramowski

10:50am

Recipient's Name [PRINTED]

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ProntoPak Account Number

Trace Number

Date

11/13/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

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Waybill

64301

C1

C2

C3

4 Services (Choose Only One)

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☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

Quantity	Env	Pkg	Ctn	Other	Total

☐ **Fragile Items**
Special Handling
Required

Weight	Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

☐ Cash | Check
Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

72:00

7 Signatures

☐ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Yodan Cuba | 10:54

Shipper's Name (PRINTED)

Recipient's Signature | Sign upon delivery

Delivery Time

PR Bosco | 11:40

Recipient's Name (PRINTED)

Your signature acknowledges receipt of shipment in good condition as scheduled.

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Courier Systems

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ProntoPak Account Number

Trace Number

Date

11/14/18

1 From

Shipper's Name

Telephone Number

Reproactive Specialists

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

West Esop

2 To

Recipient's Name

Telephone Number

Reproactive Specialists

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

8500 Brookside

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)
631.629.4777

Customer Service:
631.629.4780

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Melville, NY 11747

www.prontopak.com

Waybill

64320

C1

235

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

	Env	Pkg	Ctn	Other	Total
Quantity					

☐ **Fragile Items**
Special Handling
Required

Weight					
Dimensions					

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To: ☐ Shipper ☐ Recipient

☐ Credit Card ☐ Cash | Check ☐ Third Party
Check Number Amount

☐ Cancellation

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges
72.00

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

D. Stone

Shipper's Name [PRINTED]

Recipient's Signature | Sign upon delivery

Delivery Time

Hyke Abramowski | 11:28am

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.

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ProntoPak Account Number

Trace Number

Date

11/15/18

1 From

Shipper's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

2 To

Recipient's Name

Telephone Number

Company Name (Including Department)

Street Address (Including Floor and/or Room Number)

City

State

Zip

3 Reference, Handling & Delivery Information

Your Internal Billing Reference Information / Purchase Order / Job Number

Pickup: (24hr)

631.629.4777

Customer Service:

631.629.4780

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Waybill

65597

C1

235

C2

C3

4 Services [Choose Only One]

Policies, Terms & Conditions at: www.prontopak.com

☐ **Exclusive Priority**
3 Hour Delivery
Objective / ASAP

☐ **Rush Priority**
4 Hour Delivery
Objective

☐ **Overnight**
Next Business
Day Delivery

☐ **Route**
Pre-Scheduled
Service

☐ **Special Delivery**
5-6 Hour Delivery
Objective

☐ **Regular Delivery**
7-8 Hour Delivery
Objective

Code | Deadline | Notes:

Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges

5 Packaging

☐ **Bulk Items**
Lifting and /
or hand truck
required

Quantity

Env

Pkg

Ctn

Other

Total

☐ **Fragile Items**
Special Handling
Required

Weight

Dimensions

Contents of shipments must be declared / All shipments subject to inspection on pickup

6 Service Summary

Bill To:

☐ Shipper

☐ Recipient

☐ Cancellation

☐ Credit Card
Check Number

Cash | Check

☐ Third Party
Amount

☐ Waiting Time
(In Minutes)

Unless a greater value is declared in writing on this receipt, the shipper hereby releases the property to a value not exceeding \$100.00

Fees & Adjustments

☐ Declared Value | Amount:
Signature required in section 7

Total Charges

7200

7 Signatures

☒ No Signature Required At Delivery

Shipper's Signature | For Shipping, Insurance, Cancellation | Pickup Time

Shipper's Name [PRINTED]

10:33

Recipient's Signature | Sign upon delivery

Delivery Time

Recipient's Name [PRINTED]

Your signature acknowledges receipt of shipment in good condition as scheduled.