

Invoice

105 Maxess Road Ste. S124 Melville, NY 11747

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

	1		<u> </u>	
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



Invoice

105 Maxess Road Ste. S124 Melville, NY 11747

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.	Des	cription	Amount
235 235 235 235 235 235 235 235 235	11/2/2018 11/6/2018 11/7/2018 11/8/2018 11/9/2018 11/13/2018 11/14/2018 11/15/2018	65200 65587 65590 65591 65600 64301 64320 65597	1 Blood/Specimen Transp		72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00
	1	1		Total	\$2,736.00

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

Waybill

58045

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	Date 7 (20) (2	3 Hour Delivery 4 Hou	n Priority ur Deliver ctive
1 From Shipper's Name		Telephone Number	Special Belivery 1119	ular Deli lour Deliv ctive
			Standard Rates Apply 9am-5pm N	VI-F. Call
Company Name [Including Department	t]		5 Packaging	
Keproductiv	e Special	1343 of New Y	Bulk Items Lifting and /	Env
			or hand truck Quantity	
City City Mont	aux Hwy	Ste 204 State Zip	Fragile Items Weight	
West Isi	120	NV	Special Handling Required Dimensions	5
331	N Y		Contents of shipments must be de	clared / /
? To			6 Service Summary	
Recipient's Name		Telephone Number	Bill To: Shipper	R
Company Name [Including Department Reproduetty	ne Spea	relies of New	Check Number	A D
Street Address [Including Floor and/or I	Room Number] Scanset +	lwy Bld 23	Unless a greater value is decla receipt, the shipper hereby re a value not exceeding \$100.0	leases th
Stony	brook	State Zip	Declared Value Amount: Signature required in section 7	
			/ Signatures //	No.
Reference, Handling & D	elivery Information		Shipper Signature For Shipping	, Insurar
Your Internal Billing Reference Information			The state of the s	
			Shipper Name [PRINTED]	
	Friedling.	1774/1975	Leidy Tour	on
Pickup: (24hr)	Customer Service:		Recipient's Signature Sign upon	delivery
631.629.4777	631.629.4780		811, 201	ed
ProntoPak Courier Systems, Inc. 150 Broadhollow Road - Suite 98			Recipient's Name [PRINTED]	
Melville, NY 11747			Ecio Bo	cd.
www.prontopak.com			L 1 1	11 0

4 Services [Choose Only One] Policies, Terms & Conditions at: www.prontopak.com Route Overnight Next Business Day Delivery Pre-Scheduled Service Code Deadline | Notes: For Off-Peak, Weekends & Holiday Charges Pkg All shipments subject to inspection on pickup Cancellation ecipient Waiting Time hird Party (In Minutes) mount Fees & Adjustments riting on this ne property to Signature Required At Delivery nce, Cancellation Pickup Time 10:00 **Delivery Time** 10:45 Your signature acknowledges receipt of shipment in good condition as scheduled

Waybill

58048

4 Services [Choose Only One]

ProntoPak®

Courier Systems

ProntoPak Account Number Trace Number Date 4/30/18 Telephone Number Company Name [Including Department]	1 Exclusive Priority 3 Hour Delivery Objective / ASAP 2 Special Delivery 5-6 Hour Delivery Objective Standard Rates Apply 5 Packaging	4 Hour Objecti 4 Regul 7-8 Ho Objecti	Delivery ive ar Delivery ur Delivery ive	ery	Day De	usiness Pre-Sch elivery Service Deadline Notes:	neduled
Reproduetive specialists of New York	Bulk Items Lifting and /		Env	Pkg	Ctn	Other	Total
Reproduestive Specialists of New York, Street Address [Including Floor and/or Robin Number] [[[] Morrhauf HWY Ste 204]	or hand truck required	Quantity		1		SAMPLES	
City State Zip	Fragile Items Special Handling	Weight					
West Iship wy W795	Required Contents of shipment	Dimensions					
	C Company						
2 To Recipient's Name Telephone Number	6 Service Summ	Shipper	Rec	ipient		Cancellation	
Company Name [Including Department]	Credit Card	Cash Check	Thir	d Party		Waiting Time	
Reproductive Societalists of New Kerk	Check Number		Am	ount			
Company Name [Including Department] Leproductive Spectralists of New Kerke Street Address [Including Floor and/or Room Number] 2500 Westernsest Hwy Bld 23	Unless a greater v receipt, the shipp a value not excee	er hereby rele				Fees & Adjustmen	ts
State Zip WY U790	Declared Value Signature required					Total Charges	
	7 Signatures		No S	Signati	ure Red	quired At Deliver	у
	Shipper's Signature	For Shipping,	Insuranc	e, Canc	ellation	Pickup Time	
3 Reference, Handling & Delivery Information Your Internal Billing Reference Information / Purchase Order / Job Number	Shipper's Name (PRIN	PA PA	F) ds	44	10:00)
Pickup: (24hr) Customer Service:	Recipient's Signature	Sign upon d	elivery			Delivery Time	
631.629.4777 631.629.4780	-0+	1	100			100	7
ProntoPak Courier Systems, Inc. 150 Broadhollow Road - Suite 98 Melville, NY 11747	Recipient's Name [PRI		JA 3	ci)	10:5	U
www.prontopak.com	Your signature acknow		$0 \le 0$	hipmer	nt in ao	od condition as sc	heduled.

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

Waybill

58043

4 Services (Choose Only One) Policies, Terms & Conditions at: www.prontopak.com

ProntoPak®

www.prontopak.com

	Courier System	S						
ProntoPak Account Number	Trace Number	Date 2 B	To Exclusive Priorit 3 Hour Delivery Objective / ASAP		Delivery	Next	rnight Rout Business Pre-Se Delivery Service	cheduled
1 From Shipper's Name		Telephone Number	³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Delivery ve	y Code	Deadline Notes:	
		receptione Humber	Standard Rates Appl	y 9am-5pm M-	F. Call Fo	r Off-Peak, V	Weekends & Holiday	Charges
Company Name [Including Departmen	it]	2	5 Packaging					
Reproduetive	Specialis	ts at New Yor	E □ Bulk Items		Env	Pkg Ctn	Other	Total
Street Address [Including Floor and/or	Special Son Room Number! Hawk Hw		Lifting and / or hand truck	Quantity		(BLOOD	
III Mor	Hack Hw	y ste 204	required Fragile Items	Weight			SAMPLE	
City		State Zip	Special Handling Required	Dimensions				
West &	39/2	NY V770	Contents of shipmen	ts must be decla	ared / All s	hipments su	bject to inspection or	n pickup
2 To			6 Service Summ	arv.				
Recipient's Name		Telephone Number	4	Shipper	Recip	ient	Cancellation	
				Cash Check	Third		Waiting Time	
Company Name [Including Department	· Seeda	15cds of New Yo			Amo		(In Minutes)	
Street Address [Including Floor and/or	Room Number	lists of Now You Have Bld 23	Unless a greater receipt, the ship a value not exce	per hereby relea			Fees & Adjustme	nts
Sten Worm	et e	State Zip W792)	Declared Value Signature require	Amount:			Total Charges	
1.0/1/2/0	90		7 Signatures		No Si	gnature R	equired At Delive	ry
			Shipper's Signature	For Shipping, I	nsurance,	Cancellatio	n Pickup Time	
Reference, Handling & D Your Internal Billing Reference Informa		nber	- Maul	yn n	lal	ave	2 wie	30
			Shipper's Mame [PRIN	yn /	Ma	lav	ez	
Pickup: (24hr)	Customer Service:		Recipient's Signature	Sign upon de	elivery		Delivery Time	
631.629.4777	631.629.4780		-61.	an		_	1 10	
ProntoPak Courier Systems, Inc. 150 Broadhollow Road - Suite 98 Melville. NY 11747			Recipient's Name [PRI	0	100		10:0	10
www.prontonak.com			- Erin	Bor	dt	-		

Waybill _ www.prontopak.com C2 **C3** 58044 **ProntoPak** 4 Services [Choose Only One] Policies, Terms & Conditions at: www.prontopak.com **Courier Systems** ¹ Exclusive Priority ² Rush Priority Overnight Route Pre-Scheduled 3 Hour Delivery 4 Hour Delivery **Next Business** ProntoPak Account Number Trace Number Objective / ASAP Objective Day Delivery Service 3 Special Delivery ⁴ Regular Delivery Deadline | Notes: 7-8 Hour Delivery 5-6 Hour Delivery 1 From Objective Objective Shipper's Name Telephone Number Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges 5 Packaging Pkg Bulk Items Fny Lifting and / or hand truck Quantity required Weight Fragile Items Special Handling Required Dimensions Contents of shipments must be declared / All shipments subject to inspection on pickup 2 To **6 Service Summary** Recipient's Name Telephone Number Shipper Recipient Cancellation Cash | Check Third Party Waiting Time (In Minutes) Check Number Amount Fees & Adjustments 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: Total Charges Signature required in section 7 7 Signatures No Signature Required At Delivery Shipper's Signature | For oping, Insurance, Cancellation Pickup Time 3 Reference, Handling & Delivery Information Your Internal Billing Reference Information / Purchase Order / Job Number **Customer Service:** 631.629.4780

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

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receipt of shipment in good condition as scheduled.

58036

4 Services [Choose Only One]

C2

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

ProntoPak®

www.prontopak.com

Courier Systems

	Oddrier Oysterns		¹ Exclusive Priority				Overni		oute
ProntoPak Account Number	Trace Number	Date 8/13/2018	3 Hour Delivery Objective / ASAP	4 Hour Object	Delivery		Next Bu: Day Deli		e-Scheduled rvice
1 From			Special Delivery 5-6 Hour Delivery Objective	⁴ Regul 7-8 Ho Objecti	ur Deliver		Code I	Deadline Note	25:
Shipper's Name		Telephone Number				or Off Do	took Ma	akanda 9 Halid	au Chargos
Company Name (Industries Desertation	41		Standard Rates Apply	/ 9am-5pm IVI	-r. Call r	or UII-PE	eak, vvee	exends & Hollda	ay Charges
Company Name [Including Departmen	e Carrel	Mas I MI sol	5 Packaging						1
Street Address [Including Floor and/or	Poom Number	1853 OF WOW YOU	Bulk Items Lifting and /		Env	Pkg	Ctn	Other	Total
IIII Manage	Room Number	5/2, 204	or hand truck required	Quantity	7	ı	-	STIN	los
City	of they	State Zip	Fragile Items Special Handling	Weight					
1 box T	dro	WY 11795	Required	Dimensions					
voesv qu	DUP	C 7777	Contents of shipment	s must be decl	lared / Al	shipmer	nts subje	ect to inspection	on pickup
2 To			6 Service Summ	arv					Date B
Recipient's Name		Telephone Number		Shipper	Rec	ipient	-	Cancellation	on
			Credit Card	Cash Check	☐ Thi	rd Party		Waiting Tir	me
Company Name [Including Department	2 Sperrals	ess of New Xall	Check Number			ount		(In Minutes)	
Street Address [Including Floor and/or	Room Number	WX BID 23	Unless a greater v receipt, the shipp a value not excee	er hereby rele	eases the			Fees & Adjustr	ments
Clenybra	k	State Zip NJ90	Declared Value A				+	Total Charges	_
01 10100			7 Signatures/	/	No S	Signatu	ıre Req	uired At Deli	ivery
			Shipper's Signature	For Shipping.			THE REAL PROPERTY.	Pickup Time	
3 Reference, Handling & D Your Internal Billing Reference Informa	Delivery Information ation / Purchase Order / Job Number		(MI				1	m	30
			Shipper's Name [PRIN]	ren1			505.500	UVUG	
			- Loida	-	oas	0	7		
Pickup: (24hr)	Customer Service:		Recipient's Signature	Sign upon d	lelivery			Delivery Time	
631.629.4777	631.629.4780				_	1		010	1
			7 12 /2	100	u)		12.6	10
ProntoPak Courier Systems, Inc. 150 Broadhollow Road - Suite 98 Melville, NY 11747			Recipient's Name [PRII	TED]					

ProntoPak ® Courier System

www.prontopak.com

ProntoPak Account Number	Trace Number	Date 8/15/2018
From Shipper's Name		Telephone Number
Company Name [Including Department of Production of Produc	Je Specializza	s of New York
City 1 has	sauk Hus	She 204 State Zip
WOSA	28/17	NY 1798
	2347	Telephone Number
To Recipient's Name Company Name [Including Department] Company Name [Including Floor and the company Name Including Floor and the company Name Include Floor And Include Floor And Include Floor And Include Floor And Include Floor A	we Special	0 1 04 1

Pickup: (24hr)

3 Reference, Handling & Delivery Information
Your Internal Billing Reference Information / Purchase Order / Job Number

Customer Service: **631.629.4780**

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

¹ Exclusive Priority		riority	, Terms	Over	night Rout	e
3 Hour Delivery Objective / ASAP	4 Hour Objectiv	Delivery ve			Business Pre-So Delivery Service	heduled e
Special Delivery 5-6 Hour Delivery Objective	7-8 Hou Objectiv		у	Code	Deadline Notes:	Classes
Standard Rates Apply	yam-5pm M-	r. Call F	or Off-	reak, W	reekends & Holiday	Lnarges
5 Packaging		Env	Pkq	Ctn	Other	Tota
Bulk Items Lifting and /	Overables	EUA	PKG	Ctn	asses	lota
or hand truck required	Quantity		1		SANACES	
Fragile Items Special Handling	Weight					
Required	Dimensions					
Unless a greater v receipt, the shipp a value not excee	er hereby releading \$100.00 Amount:	ed in wri			(In Minutes) Fees & Adjustment	nts
		No	Signat	ure Re	equired At Delive	ry
7 Signatures	For Shipping, I	nsuranc	e, Cano	ellation	Pickup Time	
7 Signatures Shipper's Signature						
7 Signatures Shipper's Signature	e u	211	ten.	0	10,00	9
	E V	40	teli	P	10100	3
			teli	P	Delivery Time	3

ProntoPak®

Courier Systems

www.prontopak.com

ProntoPak Account Number	Trace Number	Date 8 /17/18	3 Hour Delivery Objective / ASAP
1 From Shipper's Name		Telephone Number	5-6 Hour Delivery Objective
			Standard Rates Apply 9am-
Company Name [Including Depart	ment]	1 . 0 1/	5 Packaging
Street Address [Including Floor and	2 Five Spelo	Ste 20%	Sork Bulk Items Lifting and / or hand truck required
City West	Tslip	State Zip 11798	Fragile Items Special Handling Required Dime
			Contents of shipments must
2 To Recipient's Name Company Name [Including Depart	ment)	Telephone Number	6 Service Summary Bill To: Shippe Credit Card Cash Check Number
Street Andress [Including Floor and 2500]	d/or Room Number	lights of New Y	Unless a greater value is receipt, the shipper her a value not exceeding \$
City Steady	mark	State Zip 11 PGO	Declared Value Amou Signature required in sec
- So crige			7 Signatures
			Shipper's Signature For Sh
3 Reference, Handling 8 Your Internal Billing Reference Info	& Delivery Information prmation / Purchase Order / Job Numbe	er	hipper's Name [PRINTED]
Pickup: (24hr) 631.629.4777	Customer Service: 631.629.4780		Recipient's Signature Sign
ProntoPak Courier Systems, Inc 150 Broadhollow Road - Suite 98			Recipient's Name [PRINTED]

Exclusive Priority		POlicies,	, lerms		tions at: www.pro	
3 Hour Delivery Objective / ASAP		Priority Delivery ve		Next I	Business P	Route Pre-Schedul Service
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver Ir Deliver Ve		Code	Deadline No	tes:
Standard Rates Apply	/ 9am-5pm M-	F. Call F	or Off-	Peak, W	eekends & Holi	day Charg
Packaging						
Bulk Items		Env	Pkg	Ctn	Other	To
Lifting and / or hand truck required	Quantity		1		BLOOD	es
Fragile Items	Weight					
Special Handling Required	Dimensions					
Bill To:	Shipper	Rec	ipient		Cancellat	tion
Credit Card Check Number	Cash Check		rd Party nount		Waiting 1 (In Minute	
Unless a greater receipt, the shipp a value not excee	er hereby relea				Fees & Adjus	stments
Declared Value Signature required					Total Charge	· —
		No S	Signat	ure Re	quired At De	livery
Signatures						
Signatures	For Shipping, I	nsuranc	e Carr	ellation	Pickup Time	

www.prontopak.com

Melville, NY 11747

Waybill

58039

4 Services [Choose Only One]

Recipient's Name [PRINTED]

ProntoPak®

Courier Systems

ProntoPak Account Number Trace Number	Date \$/10/20	¹ Exclusive Priority 3 Hour Delivery Objective / ASAP	Rush P 4 Hour l Objectiv	Delivery		Overn Next B Day De	usiness Pre-Sc	cheduled
1 From Shipper's Name	Telephone Number	³ Special Delivery 5-6 Hour Delivery Objective		ar Delive Ir Delivery Ve		Code	Deadline Notes:	
		Standard Rates Apply	y 9am-5pm M-	F. Call Fo	or Off-Pe	eak, We	eekends & Holiday	Charges
Company Name [Including Department]		5 Packaging						
Reproductive Special	Kelsts of New Horl	Bulk Items		Env	Pkg	Ctn	Other	Total
Street Address [Including Floor and/or Room Number]	el nel	Lifting and / or hand truck required	Quantity		1		BLOOD SAMPES	1
1111 Monfank Il	State Zip	Fragile Items	Weight					
West Iship	NY 11295	Special Handling Required	Dimensions					
		Contents of shipment	s must be decla	ared / All	shipmer	nts subj	ect to inspection or	n pickup
2 To		6 Service Summ	ary					
Recipient's Name	Telephone Number	Bill To:	Shipper	Reci	ipient		Cancellation	
Company Name [Including Department]	echalists of New Yor.		Cash Check		d Party ount		Waiting Time (In Minutes)	
Street Address [Including Floor and/or Room Number] 2800 Wescars City		Unless a greater receipt, the shipp a value not excee	er hereby relea				Fees & Adjustme	nts
Stonybrook	NY 11798	Declared Value Signature required					Total Charges	—
		7 Signatures		No S	ignatu	re Red	quired At Delive	ry
		Shipper's Signature	For Shipping, I	nsurance	e, Cancel	llation	Pickup Time	
3 Reference, Handling & Delivery Information / Purchase Ord		XXII!	20	-	1		10:0	0
		Shipper's Name Like	TED V	0/	7	1		
Pickup: (24hr) Customer So		Recipient's Sympatyre	Sign upon de	Refu			Delivery Time	
624 620 4777 631 629	4 4780	7) / (100	-1/			/	

www.prontopak.com

Melville, NY 11747

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

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

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

ProntoPak®

Courier Systems

	ProntoPak Account Number	Trace Number	Date 9/7/18
1	From Shipper's Name	ma fue	Telephone Number
	Company Name [Including Ver	audi/or Room/Number	51
	City	Montes	st fleaf
_	les	ASI D	869
2	To Recipient's Name Company Name [Including Dep	Dy proje	Telephone Number
	Street Address [Including Floor	and a Roch Number 1 31 S C	Proof State Zip
3	BC 2 Reference, Handling	23 g & Delivery Information	
	Your Internal Billing Reference	Information / Purchase Order / Job Nui	mber

Pickup: (24hr) **631.629.4777**

Customer Service: 631.629.4780

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

4 Services [Choose	Only Onel	Policies	Terms	R. Condit	ions at: www.nro	ntonak com
Exclusive Priority 3 Hour Delivery Objective / ASAP	y ² Rush I	Priority Delivery		Over	night R	oute re-Scheduled ervice
Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Deadline Not	tes:
Standard Rates Appl	y 9am-5pm M-	F. Call F	or Off-	Peak, W	eekends & Holic	lay Charges
5 Packaging						
Bulk Items Lifting and / or hand truck required	Quantity	Env	Pkg	Ctn	Other	Total
Fragile Items	Welght			138		
Special Handling Required	Dimensions					
6 Service Summ	Shipper		ipient		Cancellat	
	Shipper Cash Check value is declare per hereby rele- eding \$100.00 Amount:	Thi Am	rd Party nount iting on		Waiting T (In Minute	ime s) tments
Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature required	Shipper Cash Check value is declare per hereby rele- eding \$100.00 Amount:	Thi And ed in write asses the	rd Party nount iting on proper	ty to	Waiting To (In Minute) Fees & Adjust Total Charges	tments
Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature required	Shipper Cash Check value is declare per hereby releding \$100.00 Amount: d in section 7	Thi Am	rd Party nount iting on proper	ty to ure Re	Waiting T (In Minute) Fees & Adjus Total Charges Total Charges	tments
Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature requirec	Shipper Cash Check value is declare per hereby releading \$100.00 Amount: d in section 7 For Shipping, 1	Thi Am	rd Party nount iting on proper	ty to ure Re	Waiting T (In Minute) Fees & Adjus Total Charges 72 quired At Del	tments
Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature required	Shipper Cash Check value is declare per hereby releading \$100.00 Amount: d in section 7	Thi Am	rd Party nount iting on proper Signat	ty to ure Re	Waiting T (In Minute Fees & Adjus Total Charges 72 - quired At Del Pickup Time	tments ilivery
Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature required 7 Signatures Shipper's Name [PRIN	Shipper Cash Check value is declare per hereby releading \$100.00 Amount: d in section 7 For Shipping,	Thi An An No :	rd Party nount iting on proper Signat	ure Re	Waiting T (In Minute Fees & Adjus Total Charges 72 - quired At Del Pickup Time	tments ivery
Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature required 7 Signatures Shipper's Name [PRIN	Shipper Cash Check value is declare per hereby releading \$100.00 Amount: d in section 7 For Shipping,	Thi An An No :	rd Party nount iting on proper Signat	ure Re	Waiting T (In Minute Fees & Adjus Total Charges 72 - quired At Del Pickup Time	tments ivery

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	Date 10/1/18
1 From Shipper's Name	Ry Mo	Nephona Number
Company Name [Including Depart	tment RIGCIX	1457
Street Address [Including Floor an	d/or Room (Number)	
City	an Ye	Sak State Zip
	URSV 2	Islep
2 To Recipient's Name	Papus Je	Telephone Number
Company Name (Including Depart	tment] Clo	A CEST
Street Address [Including Floor an	d/or Room Number]	
City	Now X	Oute Zip
	YOUV	brook
3 Reference, Handling & Your Internal Billing Reference Info	& Delivery Information ormation / Purchase Order / Job Nu	1 mber

Pickup: (24hr)
631.629.4777

Customer Service: **631.629.4780**

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

	5	V	1			
4 Services [Choose	Only One]	Policies	, Terms &	& Condit	ions at: www.p	rontopak.com
¹ Exclusive Priority 3 Hour Delivery Objective / ASAP	Rush P 4 Hour I Objectiv	Delivery		Next E	night Business elivery	Route Pre-Scheduled Service
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver or Deliver		Code	Deadline N	otes:
Standard Rates Apply	9am-5pm M-	F. Call F	or Off-I	Peak, W	eekends & Ho	liday Charges
5 Packaging				147		
Bulk Items		Env	Pkg	Ctn	Other	Total
Lifting and / or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
Check Number		Arr	nount		(In Minu	tes)
Unlaw a service	alue is declare			this	Fees & Adju	
receipt, the shipp		1363 1116	proper			ustments
	ding \$100.00 Amount:	ises the	proper		Total Charg	
receipt, the shipp a value not exceed Declared Value	ding \$100.00 Amount:			ty to	Total Charg	es
receipt, the shipp a value not exceed Declared Value A Signature required	ding \$100.00 Amount:	No:	Signat	ty to ure Re	quired At D	es elivery
receipt, the shipp a value not exceed Declared Value A Signature required	ding \$100.00 Amount: in section 7	No:	Signat	ty to ure Re	quired At D	es elivery e
receipt, the shipp a value not exceed Declared Value A Signature required	ding \$100.00 Amount: in section 7 For Shipping, It	No:	Signat ce, Canc	ty to ure Re	quired At D Pickup Tim	es elivery e
receipt, the shipp a value not exceed Declared Value / Signature required 7 Signatures Shipper Signature / Shipper's Name [PRINT	Amount: in section 7	No s	Signat ce, Canc	ty to ure Re	quired At D Pickup Tim	es elivery e

ProntoPak®

Courier Systems

	ProntoPak Account Number Trace Number Date
1	From Shipper's Name Off Decoration Telephone Number
	Company Name [Including Department]
	Street Address [Including Floor and/or Roof (Lumber)
	City State Zip
	WEST FSGA
2	Recipient's Name Recipient's Name Recipient's Name
	Company Name [Including Department] Soft CASLICT
	Street Address [Including Floor and/or Room Number]
	Liku York Zip
	STORY 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

6555	8	27	1	C	2 C	3
4 Services [Choose	Only One]	Policies	, Terms &	& Condit	ions at: www.pron	topak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve		Next B	usiness Pre	ute -Scheduled vice
Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Deadline Note	s:
Standard Rates Apply	9am-5pm M-	F. Call F	or Off-I	Peak, W	eekends & Holida	y Charges
5 Packaging				in irigin		
Bulk Items		Env	Pkg	Ctn	Other	Total
Lifting and / or hand truck	Quantity					
required Fragile Items	Weight	9,19				
Special Handling Required	Dimensions	N. C.				
	Shipper Cash Check alue is declare er hereby releading \$100.00 Amount:	Thi Am	proper	this ty to	Cancellatio Waiting Tin (In Minutes) Fees & Adjustn Total Charges	nents
// /	or Shipping, I				Pickup Time	
AM	1 (ED)	_	`	Œ	10;	18 AM
Recipient's Signature	_				Delivery Time	
Recipient's Name [PRIN	ITEDI	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10!	R
	C B/	cle		lim ac	od condition as	scheduled

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	Date O	/3/18
1 From Shipper's Name	I Neo Je	Telephone No.	umber
Company Name [Including Depart	by CIAL	157	
Street Address [Including Floor and	pr Room Number]		
City	hu You	etc State	Zip
WES	286	i.b	
2 To Recipient's Name	pro Jee	Telephone Nu	umber
Company Name (Including Department	OVE CIALI	82	
Street Address [Including Floor and	/or (oom Number)		
City	ku You	State	Zip
55	out be	00 tc	
3 Reference, Handling & Your Internal Billing Reference Information	Deliver∳ Informatio rmation / Purchase Order / Job No	n umber	
	<u> </u>		

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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4 Services [Choose	Only One]	Policies	, Terms	& Condit	ions at: www.pro	ntopak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve		Next I	Business Pr	oute e-Scheduled ervice
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Deadline Not	es:
Standard Rates Apply	/ 9am-5pm M-	F. Call F	For Off-	Peak, W	eekends & Holid	ay Charges
5 Packaging						
Bulk Items Lifting and / or hand truck	Quantity	Env	Pkg	Ctn	Other	Total
required Fragile Items	Weight					
Special Handling Required	Dimensions					
6 Service Summ	ary Shipper	Rec	cipient		Cancellati	on
6 Service Summ	ary					
Bill To:		Thi	cipient ird Party nount		Cancellati Waiting Ti	me
Bill To:	Shipper Cash Check	Thi An	rd Party nount iting or	this.	Waiting Ti	me)
Bill To: Credit Card Check Number Unless a greater v receipt, the shipp a value not excee	Shipper Cash Check value is declare er hereby releading \$100.00	Thi An	rd Party nount iting or	this.	Waiting Ti (In Minutes	me ;) ments
Bill To: Credit Card Check Number Unless a greater v receipt, the shipp	Shipper Cash Check value is declare ver hereby releviding \$100.00 Amount:	Thi An	rd Party nount iting or	this.	Waiting Ti	me ;) ments
Bill To: Credit Card Check Number Unless a greater v receipt, the shipp a value not excee	Shipper Cash Check value is declare ver hereby releviding \$100.00 Amount:	Thi An ed in wri	rd Party nount iting or proper	this ty to	Waiting Ti (In Minutes	me) ments
Bill To: Credit Card Check Number Unless a greater v receipt, the shipp a value not excee Declared Value v Signature required	Shipper Cash Check value is declare ver hereby releviding \$100.00 Amount:	Thi An ed in wri	ird Party nount iting or proper	this ty to	Waiting Ti (In Minutes Fees & Adjust Total Charges quired At Del	ime c) ments ivery
Bill To: Credit Card Check Number Unless a greater v receipt, the shipp a value not excee Declared Value v Signature required	Shipper Cash Check value is declare er hereby releding \$100.00 Amount: I in section 7	Thi An ed in wri	ird Party nount iting or proper	this ty to	Waiting Ti (In Minutes Fees & Adjust Total Charges quired At Del	ime c) ments ivery
Bill To: Credit Card Check Number Unless a greater v receipt, the shipp a value not excee Declared Value signature required 7 Signatures Shipper's Signature	Shipper Cash Check value is declared hereby releating \$100.00 Amount: I in section 7	Thi An ed in wri	iting or proper	a this ty to cure Re	Waiting Ti (In Minutes Fees & Adjust Total Charges quired At Del	ime c) ments ivery
Bill To: Credit Card Check Number Unless a greater v receipt, the shipp a value not excee Declared Value Signature required 7 Signatures Shipper's Stynaurre Shipper's Name [PRINT	Shipper Cash Check value is declared hereby releating \$100.00 Amount: I in section 7	Thi An Holder Ho	iting or proper	a this ty to cure Re	Waiting Ti (In Minutes Fees & Adjust Total Charges quired At Del	ments ivery

Waybill

ProntoPak®

Courier Systems

	ProntoPak Account Number	Trace Number	Date 10/11/18
1	From Shipper's Name	BOUT A	UCV / USG
	Company Name [Including Department	THE CIA	LICY
	Street Address [Including Floor and/	or Room Number]	,
	City	Bu XI	DUA State Zip
	(23,5	V ZSC	a D
2	To Recipient's Name	no her	Telephone Number
	Sy	Ut Cla Li	5
	Street Address [Including Floor add/	or Room Number	,
	City US	en You	State Zip
	SVO	Ky Su	2010
3	Reference, Handling & Your Internal Billing Reference Infor	Delivery Information mation / Purchase Order / Job N	umber

Pickup: (24hr)
631.629.4777

Customer Service: 631.629.4780

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

6556	2	2	4			
4 Services [Choose	Only One]	Policies	, Terms	& Condit	ions at: www.pronto	oak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve		Overi Next E Day D	lusiness Pre-Sc	heduled
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Deadline Notes:	
Standard Rates Apply	9am-5pm M-	F. Call F	or Off-	Peak, W	eekends & Holiday	Charges
5 Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Total
Lifting and / or hand truck	Quantity					
required Fragile Items	Weight			15.00		
Special Handling Required	Dimensions					
	Shipper Cash Check value is declare er hereby rele ding \$100.00 Amount:	Thi Am		this	Cancellation Waiting Time (In Minutes) Fees & Adjustme	
7 Signatures		No.	Signat	ure Re	quired At Delive	rv
// /	For Shipping,					
Shipper's Name [PRIN	\wedge	a			10:2	8 Am
Recipient's Signature	100				Delivery Time	
Recipient's Name (PRIII	abo	7		1	11:0	05
Yerly	n (aba				

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	Date 0/9/18	
1 From Shipper's Name	es lect	Telephone Number	
Company Name [Including Expartment of the Company Name of the Company of the Comp	Process August 1	CV.	
City (U.S.S.	V FSC	State Zip	
		V	
2 To Recipient's Name	I reste	Telephone Number	
Company Name [Including Departing	Pri cisc	Telephone Number	
Street Address [Including Floor and/o	- A	✓ State Zip	
S70	of be	OPR	
3 Reference, Handling & Your Internal Billing Reference Inform	Delivery Informatio nation / Purchase Order / Job No	in umber	

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 Onel	Policies	Tarme 8	2. Condit	ions at: www.pro	entonak com
			, leiiiis c			
¹ Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve	L	Next B	Business Pr	oute re-Scheduled ervice
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Deadline Not	tes:
Standard Rates Apply	/ 9am-5pm M-	F. Call F	or Off-I	Peak, W	eekends & Holic	day Charges
5 Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Total
Lifting and / or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
Bill To:	Shipper		cipient rd Party		Cancellat	ime
Bill To:	Shipper	Thi				ime
Credit Card Check Number Unless a greater v	Shipper Cash Check value is declare per hereby relea	Thi Am	rd Party nount iting on	this	☐ Waiting T	Time is)
Bill To:	Shipper Cash Check value is declare eer hereby releading \$100.00 Amount:	Thi Am	rd Party nount iting on	this	Waiting T (In Minute	Time (s) tments
Bill To: Credit Card Check Number Unless a greater veceipt, the shipp a value not excee Declared Value Signature required	Shipper Cash Check value is declare eer hereby releading \$100.00 Amount:	Thi Am	rd Party nount iting on proper	this ty to	Waiting T (In Minute	rime ss) tments
Bill To: Credit Card Check Number Unless a greater veceipt, the shipp a value not excee Declared Value Signature required	Shipper Cash Check value is declare eer hereby releading \$100.00 Amount:	Thi Am	rd Party nount iting on proper	this ty to ure Re	Waiting T (In Minute	rime ss) trments
Bill To: Credit Card Check Number Unless a greater vreceipt, the shipp a value not excee Declared Value VSignature required	Shipper Cash Check value is declare ter hereby releading \$100.00 Amount: I in section 7	Thi Am	rd Party nount iting on proper	this ty to ure Re	Waiting T (In Minute	rime (ss) trments
Bill To: Credit Card Check Number Unless a greater veceipt, the shipp a value not excee Declared Value Signature required 7 Signatures Shipper Signature	Shipper Cash Check value is declare uer hereby releading \$100.00 Amount: i in section 7	Thi Am	rd Party nount iting on proper Signat	this ty to ure Re	Waiting T (In Minute Fees & Adjus Total Charges	rime (ss) trments
Bill To: Credit Card Check Number Unless a greater veceipt, the shipp a value not excee Declared Value Signature required 7 Signatures Shipper Signature	Shipper Cash Check value is declare uer hereby releading \$100.00 Amount: i in section 7	Thi Am	rd Party nount iting on proper Signat	this ty to ure Re	Waiting T (In Minute Fees & Adjus Total Charges	rime (ss) trments
Bill To: Credit Card Check Number Unless a greater veceipt, the shipp a value not exceed peclared Value Signature required 7 Signatures Shipper Signature Shipper Signature required	Shipper Cash Check value is declare uer hereby releading \$100.00 Amount: i in section 7	Thin Arrange of the A	rd Party nount iting on proper Signat	this ty to ure Re	Waiting T (In Minute Fees & Adjus Total Charges	tments

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Recipient's Signature | Sign upon delivery

4 Services [Choose Only One]

ProntoPak®

Courier Systems

ProntoPak Account Number Trace Number Date	OIIII Statusive Priorit Hour Delivery Objective / ASAP	Rush F 4 Hour Objective	Delivery		Overn Next Br Day De	usiness Pre-	Scheduled
1 From	3 Special Delivery 5-6 Hour Delivery Objective		ar Deliver		Code	Deadline Notes	:
1 From Shipper's Name DE Dev LO EV I USE	Number Standard Rates App			or Off-F	Peak, We	ekends & Holiday	y Charges
Company Name [Including Department]	5 Packaging						
CHACISY	☐ Bulk Items		Env	Pkg	Ctn	Other	Total
Street Address [Including Floor and/of Room Number]	Lifting and / or hand truck required	Quantity					
City State	7in Fragile Items	Weight					
10/1863 ACCOLD	Special Handling Required	Dimensions					
	Contents of shipmer	ts must be decl	ared / Al	l shipme	ents subj	ect to inspection o	on pickup
2 To	6 Service Sumn	nary					
2 To Recipient's Name Photosetrium	Number Bill To:	Shipper	Rec	ipient		Cancellation	n
Company Name [Including Department]	Credit Card Check Number	Cash Check		rd Party nount		Waiting Tim (In Minutes)	ne .
Street Address [Including Floor and of Room Number]	Unless a greater receipt, the ship a value not exce	per hereby relea				Fees & Adjustm	ents
Stow On of	Zip Declared Value Signature require					Total Charges	
	7 Signatures		No s	Signati	ure Rec	quired At Deliv	ery
	Shipper's Signature	For Shipping,	hsuranc	e, Canc	ellation	Pickup Time	
3 Reference, Handling & Delivery Information Your Internal Billing Reference Information / Purchase Order / Job Number	Ai	ne		7		10/3	Sa
	Shipper's Name [PRII	ITED]	0				

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

Your signature acknowledges receipt of shipment in good condition as scheduled

Delivery Time

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

ProntoPak®

Courier Systems

	ProntoPak Account Number	Trace Number	Date / O	112/18
1	From Shipper's Name	Det les	Ti UTelephone Nur	
	Company Name [Including Depart	Eschell C	Y	
	Street Address [Including Floor and	d/or Room Number]		
	City W:	FSG P	State Zi	р
2	To Recipient's Name	Den - Cu	Telephone Nur	nber
	Company Name [Including Depart	3 Reo Ju	Telephone Nur	
1000	Street Address [Including Floor and	d/or Roym Number]	-31	
	City	Tough	State 12	
3	Reference, Handling & Your Internal Billing Reference Info	& Delivery Information ormation / Purchase Order / Job Num	nber	

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

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4 Services [Choose	Only One]	Policies	Terms	& Condit	ions at: www.p	rontopak.com
¹ Exclusive Priority 3 Hour Delivery Objective / ASAP		Delivery		Next E	usiness	Route Pre-Scheduled Service
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Deadline N	otes:
Standard Rates Apply	9am-5pm M-	F. Call F	or Off-	Peak, W	eekends & Hol	iday Charges
5 Packaging						
Bulk Items Lifting and /		Env	Pkg	Ctn	Other	Total
or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
Contents of shipments	must be decla	ared / Al	shipme	ents sub	ject to inspecti	on on pickup
6 Service Summa	ary					
Bill To:	Shipper	Rec	ipient		Cancella	ation
Credit Card Check Number	Cash Check		rd Party ount		Waiting (In Minus	
Unless a greater v receipt, the shippe a value not exceed	er hereby relea				Fees & Adju	istments
Declared Value A	Amount:				Total Charg	es
7 Signatures		No :	Signat	ure Re	quired At D	elivery
Shipper's signature	or Shipping, I	nsuranc	e, Cano	ellation	Pickup Time	e
AS					10:	38Am
Shipper Name PRINT		00	in	97		
Recipient's Signature	Sign upon de	elivery			Delivery Tir	ne
2/20	se	•)		11:2	15
Recipient's Name [PRIN	ITED]					

ProntoPak®

Courier Systems

	ProntoPak Account Number Trace Number Date 10/11/18
1	From Shipper's Name Company Name [Including Department] Street Address [Including Floor and pr Room Number]
	Company Name [Including Department]
	Street Address [Including Fleor and pr Room Number]
	City WEST SCAP Zip
- 2	То
4	[45] [[[[[[[[[[[[[[[[[[[
	Recipient's Name Recipient's
	Street Address [Including Floor and/or Room Number]
	Stap GOOTE
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

Services [Choose	Only One]	Policies	, Terms	& Condit	ions at: www.pron	topak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ive	[Next B	Business Pre	ute -Scheduled vice
³ Special Delivery 5-6 Hour Delivery Objective		lar Deliver our Deliver ive		Code	Deadline Note	s:
Standard Rates Apply	y 9am-5pm M	-F. Call F	or Off-	Peak, W	eekends & Holida	y Charges
Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Total
or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
Contents of shipment	ts must be dec	lared / Al	l shipm	ents sub	ject to inspection	on pickup
Bill To:	Shipper Cash Check	Thi	rd Party nount	1	Cancellation Waiting Tir (In Minutes)	me
Credit Card	value is declar ver hereby rele ding \$100.00	Thi Am	rd Party nount iting or	n this	Waiting Tir	ne
Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature requirec	value is declar ver hereby rele ding \$100.00	Thi And leed in write eases the	rd Party nount iting or proper	n this rty to	Waiting Tir (In Minutes)	ne nents
Credit Card Check Number Unless a greatery receipt, the shipp a value not exceed Declared Value Signature requirect 7 Signatures	value is declar ver hereby rele ding \$100.00	Thi Am Am ed in writers the	rd Party nount iting or proper	n this rty to ture Re	Waiting Tir (In Minutes) Fees & Adjustr Total Charges quired At Delity Pickup Time	nents very
Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value	value is declar ver hereby releding \$100.00 Amount: I in section 7	Thi Am Am ed in writers the	rd Party nount iting or proper	n this rty to ture Re	Waiting Tir (In Minutes) Fees & Adjustr Total Charges quired At Deli	nents very
Credit Card Check Number Unless a greatery receipt, the shipp a value not exceed Declared Value Signature requirect 7 Signatures	Cash Check value is declar per hereby releding \$100.00 Amount: If in section 7	Thi Am Am ed in writers the	rd Party nount iting or proper Signat	n this rty to ture Re	Waiting Tir (In Minutes) Fees & Adjustr Total Charges quired At Deliv Pickup Time	nents very
Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature requirec	value is declar per hereby releding \$100.00 Amount: I in section 7	Thi An Viced in writers the No	rd Party nount iting or proper Signat	n this rty to ture Re	Waiting Tir (In Minutes) Fees & Adjustr Total Charges quired At Deliv Pickup Time	nents very
Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature requirect Signature Signature Shipper's Signature	value is declar per hereby releding \$100.00 Amount: I in section 7	Thi An Viced in writers the No	rd Party nount iting or proper Signat	n this rty to ture Re	Waiting Tir (In Minutes) Fees & Adjustr Total Charges quired At Delity Pickup Time	nents very
Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature requirect Signature Signature Shipper's Signature	value is declar ver hereby releding \$100.00 Amount: It in section 7	Thi An Viced in writers the No	rd Party nount iting or proper Signat	n this rty to ture Re	Waiting Tir (In Minutes) Fees & Adjustr Total Charges quired At Delity Pickup Time	nents very

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	10/16/18
1 From Shipper's Name	and he	Telephone Number
Company Name [Including Jepa	JOS CEALIC	P
Street Address [Including Floor a	nd/b Room Number]	•
City (A	ST LSU	State Zip
		V
2 To Recipient's Name	PARE DE	Telephone Number
Company Name [Including Depa	THE PUDVE THENT! SHIP CAUS TRIVERSOM Number!	\$
Street Address [Including Floor a	nd/or Room Number]	
City	VONY GO	State Zip
3 Reference, Handling Your Internal Billing Reference In	& Delivery Information formation / Purchase Order / Job Nun	nber

Pickup: (24hr)
631.629.4777

Customer Service: **631.629.4780**

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

616	5 5	2	35	c	2 C3	
4 Services [Choose	Only One]	Policies	, Terms	& Condit	ions at: www.prontop	ak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve				heduled
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Deadline Notes:	
Standard Rates Apply	9am-5pm M	F. Call F	or Off-	Peak, W	eekends & Holiday C	harges
5 Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Total
Lifting and / or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
Contents of shipment		ared / Al	l shipm	ents sub	ject to inspection on	pickup
	Shipper	□ Roc	ipient		Cancellation	
	Cash Check		rd Party		Waiting Time	
Check Number		_	nount		(In Minutes)	
Unless a greater v receipt, the shipp a value not excee	er hereby rele				Fees & Adjustmen	ts
Declared Value A	Amount:				Total Charges	
7 Signatures		No s	Signat	ure Re	quired At Deliver	у
. // /	For Shipping,	Insuranc	e, Cano	ellation	Pickup Time	
W.	n				10:3	SAV
Shipper's Name [RINT	TAL	ja	r	7		
Recipient's Signature	Sign upon d		1		Delivery Time	
120	NE)	7	I E	11111	
Recipient's Name [PRII	NTED]			9635	11110	
PDC)Su					
Your signature ackno	wledges rece	int of s	hinme	at in ac	and condition as so	hadulad

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	Date / 0//-	1/18
1 From Shipper's Name	> - love	Telephone Number	
Company Name (Including Department	31C 11C 5	27	
Street Address [Including Floor and or	Room Number]		
City (USIS)	\$56	P State Zip	
2 To			
Recipient's Name Ry Re	5/08/1	Telephone Number	
	CIAUS Room Number	Y	
City City		State Zip	
- 5 YE	NYB	100 K	
3 Reference, Handling & D Your Internal Billing Reference Information	Delivery Information ation / Purchase Order / Job Num	nber	

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

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4 Services [Choose	Only One]	Policies	, Terms 8	& Condit	ions at: www.pro	ontopak.cor
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve		Next E	Business P	Route re-Schedule ervice
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliv ur Deliver ve		Code	Deadline No	tes:
Standard Rates Apply	9am-5pm M	-F. Call F	or Off-I	Peak, W	eekends & Holid	day Charge
5 Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Total
Lifting and / or hand truck required	Quantity					
Fragile Items Special Handling Required	Weight					
Contents of shipment 6 Service Summ		ared / Al	l shipme	ents sub	ject to inspectio	n on picku
6 Service Summ Bill To: Credit Card Check Number		Rec	I shipme cipient rd Party nount	ents sub	Cancellat	ion
6 Service Summ Bill To: Credit Card Check Number Unless a greater receipt, the shipp	ary Shipper Cash Check value is declare	Rec	cipient rd Party nount	this	Cancellat	ion Fime
6 Service Summ Bill To: Credit Card Check Number Unless a greater v	ary Shipper Cash Check value is declare hereby rele ding \$100.00 Amount:	Rec	cipient rd Party nount	this	Cancellat Waiting 1	ion Fime is) itments
6 Service Summ Bill To: Credit Card Check Number Unless a greater or receipt, the shipp a value not excee Declared Value	ary Shipper Cash Check value is declare hereby rele ding \$100.00 Amount:	Rec Thi An ed in wr	cipient rd Party nount iting on proper	this by to	Cancellat Waiting 1 (In Minute	ion fime ss) thments
6 Service Summ Bill To: Credit Card Check Number Unless a greater or receipt, the shipp a value not excee Declared Value Signature required	ary Shipper Cash Check value is declare hereby rele ding \$100.00 Amount:	Recommend This American Markett The American Market	cipient rd Party nount iting on proper	this ty to	Cancellat Waiting 1 (In Minute Fees & Adjus Total Charge:	ion fime ss) thments
6 Service Summ Bill To: Credit Card Check Number Unless a greater or receipt, the shipp a value not excee Declared Value Signature required	Shipper Cash Check value is declarater hereby releding \$100.00 Amount: I in section 7	Recommend This American Markett The American Market	cipient rd Party nount iting on proper	this ty to	Cancellat Waiting 1 (In Minute Fees & Adjus Total Charge: quired At De	rime ess) ettments s
6 Service Summ Bill To: Credit Card Check Number Unless a greater or receipt, the shipp a value not excee Declared Value Signature required	Shipper Cash Check Value is declarer hereby rele ding \$100.00 Amount: Lin section 7 For Shipping,	Rec Thi An	rd Party rd Party nount iting on proper	this ty to to ure Re	Cancellat Waiting 1 (In Minute Fees & Adjus Total Charge:	rime ss) ttments s
6 Service Summ Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature required 7 Signatures Shipper's Signature	Shipper Cash Check value is declarater hereby releding \$100.00 Amount: I in section 7 For Shipping,	Receipt This Am Am No	rd Party rd Party nount iting on proper	this ty to to ure Re	Cancellat Waiting 1 (In Minute Fees & Adjus Total Charge: quired At De	rime streets

Waybill

ProntoPak®

ProntoPak Courier Systems, Inc. 105 Maxess Road – Suite S124

www.prontopak.com

Melville, NY 11747

Courier Systems

ProntoPak Account Number	Trace Number	Date 6/18/18
1 From Shipper's Name Company Name [Including Department]	IS USY	Telephone Number
Street Address [Including/floor shd/or Roo	om Number]	State Zip
2 To Recipient's Name Company Name [Including Department] Street Address [Including Floor and/or Roce	ew Jecri Cuz USI	Telephone Number
City	ry buod	State Zip
3 Reference, Handling & Del Your Internal Billing Reference Information	ivery Information / Purchase Order / Job Number	
Pickup: (24hr) 631.629.4777	Customer Service: 631.629.4780	

6557	0	7	31	C	2	
4 Services [Choose	Only One]	Policies	Terms	& Condit	ions at: www.pror	ntopak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve		Next B	Business Pre	oute e-Scheduled rvice
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Deadline Note	95:
Standard Rates Apply	9am-5pm M	F. Call F	or Off-	Peak, W	eekends & Holid	ay Charges
5 Packaging						
Bulk Items Lifting and /		Env	Pkg	Ctn	Other	Total
or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
Contents of shipments		ared / Al	l shipm	ents sub	ject to inspection	on pickup
6 Service Summ					I 🗆	
	Shipper		ipient		Cancellation	
Check Number	Cash Check		rd Party nount		Un Minutes	
Unless a greater v receipt, the shipp a value not exceed	er hereby rele				Fees & Adjusti	ments
Declared Value A					Total Charges	_
7 Signature		No s	Signat	ure Re	quired At Deli	very
Shippers Signature	For Shipping,	Insuranc	e, Cano	ellation	Pickup Time	
Jeh	<u></u>	\sim			10:	33 Am
Shipper's Name [PRINT				. 7		
Loide	1 la	VO	M	1	Dellara Tira	
Recipient's Signature	Sign upon de	elivery			Delivery Time	T-
1/20	ru)			11:11	5
Recipient's Name [PRIN	SÚ					
Your signature acknow	uladaes race	int of c	hipmor	at in go	od condition a	c schodulad

ProntoPak®

Courier Systems

	ProntoPak Account Number	Trace I	Number	Date / 6 / /	9/18
1	From Shipper's Name	Red	Jeec)	Telephone Number	
_	Company Name (Including De	artivor Room Numb		SF	
	City C	3957	X	State Zip	
2	To Recipient's Name	IP & K	Per Je	VCII VK	·
	Company Name [Including Dep	707	US (IST	
	City	SYO	CP 6	State Zip	
-	Deference then die	o Delineral	/		
3	Reference, Handling Your Internal Billing Reference	Information / Purcha	ise Order / Job Num	ber	

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

	Only One]	Policies	, Terms &	& Condit	ions at: www.pror	ntopak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve		Next E	Business Pro	oute e-Scheduled rvice
Special Delivery 5-6 Hour Delivery Objective		ar Deliv ur Deliver ve		Code	Deadline Note	es:
Standard Rates Appl	y 9am-5pm M-	F. Call F	For Off-I	Peak, W	eekends & Holida	ay Charges
5 Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Tota
Lifting and / or hand truck required	Quantity					
Fragile Items	Weight			477		
Special Handling Required	Dimensions					
Contents of shipmen		ared / Al	II shipme	ents sub	ject to inspection	on pickup
6 Service Summ		104	Il shipmo	ents sub	ject to inspection	•
6 Service Summ	ary	Rec		ents sub		on me
6 Service Summ Bill To:	Shipper Cash Check value is declare	Rec Thi	cipient ird Party nount iting on	this	Cancellatio	on me
6 Service Summ Bill To: Credit Card Check Number Unless a greater receipt, the shipp	Shipper Cash Check value is declare per hereby rele dding \$100.00 Amount:	Rec Thi	cipient ird Party nount iting on	this	Cancellatie Waiting Ti (In Minutes	on me
6 Service Summ Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee	Shipper Cash Check value is declare per hereby rele dding \$100.00 Amount:	Rec Thi	cipient ird Party nount iting on proper	this ty to	Cancellatic Waiting Ti (In Minutes	on me)
6 Service Summ Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature required	Shipper Cash Check value is declare per hereby rele- deling \$100.00 Amount: d in section 7	Rec Thi	cipient ird Party nount iting on proper	this ty to	Cancellatie Waiting Ti (In Minutes Fees & Adjuste Total Charges	on me)

Necipient's Name [PRINTED]

Wederman

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

ProntoPak®

Courier Systems

	ProntoPak Account Number	Trace Number	Date 0 2	2/18
1	From Shipper's Name	3 1700 Je	Telephone Number	
	Company Name [Including Depart) Street Address [Including (Georald)	rent) CIA Room Number)	457	
	Street Address [including 41001 a nd/	C Room Number]		
	City (L) F	is L	State Zip	
2	To Recipient's Name	In Rev)	CVIUSE 11157	
	Company Name [Including Departm Street Address [Including Floor and	STUCIO	16158	
	Street Address (including Floor and)	United The Part of	1	
	City	TORY	Dion to	
	400	_ /	,	
3	Reference, Handling & Your Internal Billing Reference Information	Delivery Informatio mation / Purchase Order / Job N	on umber	

Pickup: (24hr)
631.629.4777

Customer Service: **631.629.4780**

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

		11				
4 Services [Choose	Only One]	Policies	, Terms &	& Condit	ions at: www.prontop	ak.com
¹ Exclusive Priority 3. Hour Delivery Objective / ASAP	Rush P 4 Hour I Objective	Delivery		Next E	night Route dusiness Pre-Sch elivery Service	neduled
³ Special Delivery 5-6 Hour Delivery Objective		r Deliver r Deliver		Code	Deadline Notes:	
Standard Rates Apply	9am-5pm M-l	F. Call F	or Off-I	Peak, W	eekends & Holiday C	harges
5 Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Total
Lifting and / or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
Check Number	Cash Check		nount		Waiting Time (In Minutes)	
Check Number		Am	nount		(In Minutes)	
Unless a greater v receipt, the shippe a value not exceed	er hereby relea				Fees & Adjustmen	its
Declared Value / Signature required					Total Charges	
7 Signatures /	1	No :	Signat	ure Re	quired At Deliver	у
Shipper's Signature	or Shipping, I	nsurano	e, Canc	ellation	Pickup Time	
11/0//						
agn	~				10:30	A
Shipper's Name [PRINT	ED]				10:30) AI
Shipper's Name [PRINT		70	CA	1) AI
Shipper's Name [PRINT		livery	an	~) AI
Leid	y to		as	1	7	O Arr
Leid	/Sign upon de		as	1	7	An

ProntoPak®

Courier Systems

	ProntoPak Account Number	Trace Number	Date (O	23/18
1	From Shipper's Name	Dur leve	Telephone Numb	er
	Company Name [Including Schart Street Address [Including Floor any	Per Sec	CAE	
_	City	and recent recent per	State Zip	3
	US	57 25	Sup	
2	To Recipient's Name	Et New Je	Telephone Numb	er
	Company Name [Including Depart Street Address [Including Floor and	BY CLAC	1 Sog	
	City	TKALSI	State Zip	,
3	Reference, Handling 8	Polivery Informatio	n	
_	Your Internal Billing Reference Info			

Pickup: (24hr)

Customer Service: **631.629.4780**

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

www.prontopak.com

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4 Services [Choose	Only One]	Policies	, Terms !	& Condit	ions at: www.pronte	opak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve		Next B	night Rou Business Pre-Serv	Scheduled
Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Deadline Notes	
Standard Rates Apply	9am-5pm M-	F. Call F	or Off-I	Peak, W	eekends & Holiday	Charges
5 Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Total
or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
	Shipper Cash Check	Thi	cipient ird Party nount		Cancellation Waiting Tim (In Minutes)	
Unless a greater v					Fees & Adjustm	ents
a value not exceed Declared Value Signature required	ding \$100.00 Amount:				Total Charges	
7 Signatures	1	No	Signat	ure Re	quired At Deliv	ery
Shipper's sign tyre 1	For Shipping, I	Insuranc	ce, Cano	ellation	Pickup Time	
A A A	in	/			10:7	28An
Shipper's Name [PRINT	TEDI Ta	we	w	er		
Recipient's Signature	sign upon de	elivery			Delivery Time	
1736	Su	2	11		11:0	5
Recipient Nama [PRIN	000	\bigcirc				

Waybill

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ProntoPak Courier Systems, Inc. 105 Maxess Road – Suite S124 Melville, NY 11747 www.prontopak.com

Courier Systems

ProntoPak Account Number	Trace Number	Dates 6/24/18
1 From Shipper's Name	RUNDE SECTION NUMBER	VI (JH) Telephone Number
Company Name [Including Departr	not Calli.	51
Street Address [Including Floor and	(A Room Number)	
City	ST ASC	e p
2 To Recipient's Name	3 Putle	Telephone Number
Company Name [Including Deportr	+Oy CIALI	501
City	TWD Lug	State Zip
3 ,		
3 Reference, Handling 8 Your Internal Billing Reference Info	Delivery Informatio rmation / Purchase Order / Job Ni	unber
Pickup: (24hr) 631.629.4777	Customer Service: 631.629.4780	

6518	3	2	1	C	2	C3
4 Services [Choose	Only One]	Policies,	Terms &	& Conditi	ions at: www.pro	intopak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve			usiness P	oute re-Scheduled ervice
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Deadline Not	tes:
Standard Rates Apply	9am-5pm M-	F. Call F	or Off-F	Peak, We	eekends & Holid	lay Charges
5 Packaging						
Bulk Items Lifting and /		Env	Pkg	Ctn	Other	Total
or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
Credit Card Check Number Unless a greater v receipt, the shipp a value not excee	ary Shipper Cash Check alue is declare er hereby releding \$100.00	Rec Thin	ipient rd Party lount ting on	this	Cancellat Waiting T (In Minute	ion Time s) tments
Declared Value A					Total Charges	
7 Signatures					quired At De	livery
Shipper's Signature 1				42.4	Pickup Time	37 AM
Leidy	104	ja	rc	-7		
Recipient's Signature	Sign upon de	elivery			Delivery Tim	e
Tabille	nties	Per.	m		11:2	7
Recipient's Name [PRI]	(TED)					
Your signature acknow	wlednes rece	int of s	ninmer	nt in ac	od condition	as scheduled

ProntoPak®

Courier Systems

	ProntoPak Account Number Trace Number	Date 10/25/18
1	1 From Shipper's Name PARE & C	Telephone Number
	Company Name [Including Department]	27
	Street Address [Including Floor and/br Koom Number]	
	City W48 52	Stap State Zip
2	2 To Recipient's Name	1 S 7
	Company Name [Including Department]	1.0
	Street Address [Including Floor and/or Room Number]	-1 5 7
	STOWP (Stayl Zip
3	3 Reference, Handling & Delivery Information Your Internal Billing Reference Information / Purchase Order / Job Nur	

Pickup: (24hr)

Customer Service: 631.629.4780

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² Rush F	Policies, Priority Delivery	, Terms &		ions at: www.pro	ntopak.com
4 Hour		Г	7 000		
			Next B	Business Pr	oute re-Scheduled ervice
7-8 Hou	ar Deliver ur Deliver ve		Code	Deadline Not	es:
9am-5pm M-	F. Call F	or Off-I	Peak, W	eekends & Holid	lay Charges
	DE Y		960		
	Env	Pkg	Ctn	Other	Total
Quantity					
Weight			4		
Dimensions					
Cash Check				Waiting Time (In Minutes)	
r hereby relea				Fees & Adjust	tments
mount: in section 7				Total Charges	
1	No	Signat	ure Re	quired At Del	livery
r Shipping,					
v	$\overline{}$			10:	22A
[D]	T	1-	w	0/2	
M	16	VC	NE	1	
Sign upon de		JC	LV C	Delivery Time	3
	Quantity Weight Dimensions must be declared Cash Check Che	Quantity Weight Dimensions must be declared / Al Arry hipper Rec Cash Check Thi Am Arrichlue is declared in writh the hereby releases the ing \$100.00 amount: in section 7 No state of the section of the se	9am-5pm M-F. Call For Off-I Env Pkg Quantity Weight Dimensions must be declared / All shipme Cash Check	Pam-5pm M-F. Call For Off-Peak, We Env Pkg Ctn Quantity Weight Dimensions must be declared / All shipments sub, hipper Recipient Cash Check Third Party Amount alue is declared in writing on this ir hereby releases the property to ing \$100.00 mount: in section 7 No Signature Recipient Cancellation	Pam-5pm M-F. Call For Off-Peak, Weekends & Holid Env

ProntoPak®

Courier Systems

ev le c	Telephone Number
BCIS U.	S7
n Asc	State Zip
Rester	Telephone Number
BACIAL	157
TRY 6	State Zip
	Perfect HELL HEL

Pickup: (24hr) 631.629.47

Customer Service: 631,629,4780

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

www.prontopak.com

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4 Services [Choose	Only One]	Policies	Terms 8	& Condit	ions at: www.prontop	ak.com
¹ Exclusive Priority 3 Hour Delivery Objective / ASAP		riority Delivery		Next B	night Route Susiness Pre-Sc elivery Service	heduled
Special Delivery 5-6 Hour Delivery Objective		ar Deliver or Deliver or		Code	Deadline Notes:	
Standard Rates Apply	9am-5pm M-	F. Call F	or Off-I	Peak, W	eekends & Holiday (Charges
5 Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Total
Lifting and / or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
Contents of shipments	s must be decla	ared / Al	l shipme	ents sub	ject to inspection on	pickup
Unless a greater v receipt, the shipp a value not excee Declared Value Signature required	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 No Signature Required At Delivery					
Jun	1				16:3	4
Shipper's Name [PRINT		vo	int	27		
Recipient's Signature	Sign upon de	livery			Delivery Time	
	9		-		11:23	,
Recipient's Name [PRIN	NTED]					
Bleder	ma	n				

Waybill

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4 Services [Choose Only One]

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

ProntoPak®

Courier Systems

Oddilor Oystoriis		2			🖂 -	
ProntoPak Account Number Trace Number Date	Exclusive Priority 3 Hour Delivery Objective / ASAP		Delivery		Business Pre	oute e-Scheduled rvice
1 From Shipper's Name D4 M0 Let C71 USC Company Name (Including Days Include)	3 Special Delivery 5-6 Hour Delivery Objective		ar Delivery ur Delivery ve	Code	Deadline Note	es:
If ho excusse	Standard Rates App	ly 9am-5pm M	F. Call For O	ff-Peak, W	/eekends & Holida	ay Charges
Company Name [Including Department]	5 Packaging					
> NACIALIED J	Bulk Items		Env Pk	g Ctn	Other	Total
Street Address [Including Floor add or Room Number]	or hand truck required	Quantity		3		
City State	Fragile Items Special Handling	Weight				
(0.186) 2860	Required	Dimensions				
Recipient's Name Company Name [Including Department] Street Address [Including Floor and/or floor Number]	Bill to:	Shipper Cash Check	Recipien Third Pa Amoun	rty	Cancellating Ti	me)
Street Address (including Floor and/or dom Number)	receipt, the ship a value not exce	per hereby rele			rees & Aujusti	nend
Star Groot	Declared Value Signature require				Total Charges	
	7 Signatures	0-00	No Sign	ature Re	equired At Deli	very
	Shipper's Signature	For Shipping,	Insurance, Ca	ancellation	Pickup Time	
3 Reference, Handling & Delivery Information Your Internal Billing Reference Information / Purchase Order / Job Number	Shipper's Name [PRII	NTED]			10:	20

Pickup: (24hr) 631.629.4777

Customer Service: **631.629.4780**

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www.prontopak.com

Your signatur acknowledges receipt of shipment in good condition as scheduled.
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ent's Signature | Sign upon delivery

Delivery Time

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	Date/0/30/18
1 From Shipper's Name	25 600	Telephone Number
Company Name (Including Separtment)	as sect	75
Street Address [Including Floor and A Ros	om Number]	
City CU.	Jsup	State Zip
2 To Recipient's Name	10 ex 6 20	Telephone Number
Company Name [Including Department]	Rever CIAC	ess
Street Address [Including Floor and/or Roo	om/Jumber]	
City	TONAK	2100 TC
9		
3 Reference, Handling & Del Your Internal Billing Reference Information	ivery Information n/Purchase Order/Job Number	
Pickup: (24hr) 631.629.4777	Customer Service: 631.629.4780	

6519	2	2	36	C	2	C3
4 Services [Choose	Only One]	Policies	Terms	& Condit	ions at: www.pro	ntopak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve		Overi Next B Day D	usiness Pi	oute re-Scheduled ervice
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver ir Deliver ve		Code	Deadline Not	es:
Standard Rates Apply	9am-5pm M-	F. Call F	or Off-	Peak, W	eekends & Holic	ay Charges
5 Packaging						
Bulk Items Lifting and /		Env	Pkg	Ctn	Other	Total
or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
	Shipper Cash Check value is declare er hereby releading \$100.00 Amount:	Thi Am			Cancellati Waiting T (In Minute Fees & Adjust Total Charges	ime s) ments
7 Signatures		No:	Signat	ure Re	quired At Del	ivery
Shipper's Signature	or Shipping, I	nsuranc	e, Cano	ellation	Pickup Time	
Lyg	TEDI	_	220		10:	13 Am
Shipper's Name [PRINT		200	211	77		
Recipient's Signature	/ 1				Delivery Time	2
Recipient's Name [PRIN	Ital (Ital)				10:45	M
Your signature acknow	wledges rece	int of s	hipme	nt in go	od condition a	s scheduled

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

ProntoPak®

Courier Systems

ProntoPak Account Number Trace Number Date 10/3/11/8	3 Hour Delivery Objective / ASAP		Delivery			Business P Delivery S
1 From Shipper's Name	Special Delivery 5-6 Hour Delivery Objective		ar Deliv ur Deliver ve		Code	Deadline No
Shipper's Name Republic To V.JE Telephone Number	Standard Rates Apply	9am-5pm M-	F. Call I	For Off-	Peak, W	eekends & Holi
	5 Packaging					
SPECIALIST	Bulk Items		Env	Pkg	Ctn	Other
Street Address [Including Floor and/or Roun Number]	Lifting and / or hand truck required	Quantity				
City State Zip	Fragile Items	Weight				
OAC SCUD	Special Handling Required	Dimensions				
2 To Recipient's Name Recipient's Name Recipient's Name		ary Shipper Cash Check		cipient ird Party		Cancellat
Company Name [Including Department]	Check Number	Cash Check	-	nount		Waiting 1 (In Minute
Street Address [Including Floor and er Room Number]	Unless a greater v receipt, the shipp a value not excee	er hereby rele				Fees & Adjus
State State State State	Declared Value 1 Signature required					Total Charge
	7 Signatures		No	Signat	ture Re	equired At De
	Shipper's Signature	For Shipping,	Insuran	ce, Can	ellation	Pickup Time
3 Reference, Handling & Delivery Information Your Internal Billing Reference Information / Purchase Order / Job Number	Mellin Shinner's Name (PRIN)	Mus	6	الالا	M	110:10

Pickup: (24hr)
631.629.4777

Customer Service: 631.629.4780

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4 Services [Choose	Only One]	Policies	, Terms	& Condit	ions at: www.pr	ontopak.com
¹ Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve		Next B	Business F	Route Pre-Scheduled Service
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliv ur Deliver ve		Code	Deadline No	tes:
Standard Rates Apply	9am-5pm M-	F. Call F	or Off-	Peak, W	eekends & Holi	day Charge
5 Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Tota
Lifting and / or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
Contents of shipment	s must be decl	ared / Al	l shipm	ents sub	ject to inspection	on on picku
6 Service Summ			inlant		I Cancella	tion
Bill To:	Shipper		cipient		Cancella	
		☐ Thi	cipient rd Party nount		Cancella Waiting (In Minute	Time
Bill To:	Shipper Cash Check /alue is declare er hereby rele	An An ed in wr	rd Party nount iting on	this	Waiting	Time es)

MO	17,1	100	dle	
MA	WW	WW	DUUKU	10:14

Recipient's Signati	ure Sign upon delivery	Delivery Time
Recipient's Name	Abranoushi PRINTED]	10.56 AM
Your signature ac	knowledges receipt of shipment in	good condition as scheduled.

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www.prontopak.com

Courier Systems

ProntoPak Account Number	Trace Number	Date	18
1 From Shipper's Name	no ket	Telephone Number	
Company Name [Including opportunity	I CIA LI	Telephone Number	
Street Address [Including Floor and/br	Room Number]		
City (e.g.s)	754	State Zip	
		V	
Recipient's Name Company Name [Including Departure]	per de la	Telephone Number	
Company Name [Including Department	MICIALI	200	
Street Address [Including Floor and/or I	Rom Number]		
City S7.	JUPB	Stare Zip	4
	/		
Reference, Handling & D Your Internal Billing Reference Informat	elivery Information ion / Purchase Order / Job Nu	n mber	
Pickup: (24hr) 631.629.4777	Customer Service: 631.629.4780		

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4 Services [Choose	Only One]	Policies	, Terms	& Condit	ions at: www.pronto	pak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve				cheduled
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliv ur Deliver ve		Code	Deadline Notes:	
Standard Rates Apply	9am-5pm M-	F. Call F	or Off-	Peak, W	eekends & Holiday	Charges
5 Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Total
Lifting and / or hand truck required	Quantity					
Fragile Items	Weight					
Special Handling Required	Dimensions					
Credit Card Check Number	Shipper Cash Check	Thi	cipient rd Party nount		Cancellation Waiting Time (In Minutes)	
Unless a greater v receipt, the shipp a value not exceed	er hereby relea				Fees & Adjustme	nts
Declared Value A					Total Charges	
7 Signatures /	1	No	Signat	ure Re	quired At Delive	ry
Shipper Signaffre	r Shipping, I				Pickup Time	
Algh	1				10:1	9AV
Shipper's Name [PRINT	1 T	au	as	re	e	
Recipient's Signature	/				Delivery Time	
Gr. C	2001				11:04	Am
Recipient's Name [PRIN						

Waybill

ProntoPak®

ProntoPak Courier Systems, Inc.

105 Maxess Road – Suite S124 Melville, NY 11747 www.prontopak.com Courier Systems

ProntoPak Account Number	Trace Number	Date 11/2/18
1 From Shipper's Name	3 Per Serc	Telephone Number
Company Name [Including Day	SKY CEALIS	FC
Street Address [Including Floor	ardfor Room Number	
City	955 g (1	State Zip
2 To Recipient's Name	TRW & E	Telephone Number
Company Name [Including Dep Street Address [Including Floor	and/or Room Number	25
City	Top be	State Zip
3 Reference, Handling Your Internal Billing Reference	3 & Delivery Information nformation / Purchase Order / Job Nu	n mber
Pickup: (24hr) 631.629.477	Customer Service: 631.629.4780	

65200

4 Services [Choose	Only One]	Policies	, Terms	& Condit	ions at: w	ww.prontor	oak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP	very 4 Hour Delivery		[Next B	night Business elivery	iness Pre-Scheduled	
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliv ur Deliver ve		Code	Deadlin	e Notes:	
Standard Rates Apply	/ 9am-5pm M-	-F. Call f	or Off-	Peak, W	eekends	& Holiday	Charges
5 Packaging							
Bulk Items		Env	Pkg	Ctn	Other		Total
or hand truck required	Quantity						
Fragile Items	Weight						
Special Handling Required	Dimensions						
Bill To:	Shipper Cash Check	Thi	cipient rd Party nount	,	☐ Wa	ncellation aiting Time Minutes)	
Unless a greater v receipt, the shipp a value not excee	er hereby rele				Fees 8	& Adjustme	nts
Declared Value Signature required	Amount:				Total	Charges	
7 Signature	1	No	Signat	ture Re	quired.	At Delive	ry
Shipper's Signature	For Shipping,	Insuranc	e, Can	ellation	Pickup	o Time	
Shipper's Name [PRIN	TED!	~			1	10:7	o An
Leide		an	1a	re	2		

Recipient's Signature | sign upon delivery

Delivery Time

Recipient's Name [PRINTED]

65587

4 Services [Choose Only One] Policies, Terms & Conditions at: www.prontopak.com

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	Date / / / 6/18	Exclusive Priority 3 Hour Delivery Objective / ASAP	² Rush F 4 Hour Objective	Delivery		Overr Next B Day De	usiness Pre-	ute -Scheduled vice
1 From		11/0/20	³ Special Delivery 5-6 Hour Delivery Objective		r Deliver		Code	Deadline Note	s:
Shipper's Name	ner bed	11 WE Number	Standard Rates Apply			or Off-P	eak, We	eekends & Holida	y Charges
Company Name [Including Departm)	mass.		5 Packaging						
\mathcal{S}	1810,1/1C	_C	Bulk Items		Env	Pkg	Ctn	Other	Total
Street Address [Including Floor and Jo	or Room Number		Lifting and / or hand truck required	Quantity					
City /		Children 7	Fragile Items	Weight					
101810	* ACC	State Zip	Special Handling Required	Dimensions					
2 To Recipient's Name Company Name [Including Department]	Per Je C	Telephone Number		ary Shipper Cash Check		dipient rd Party nount		Cancellatio Waiting Tin (In Minutes)	ne
Street Address [Including Floor and/	Room Number]	<u> </u>	Unless a greater v receipt, the shippe a value not exceed	er hereby relea				Fees & Adjustn	nents
City	Jan 6	1110 TZ Zip	Declared Value A					Total Charges	
<u> </u>			7 Signatures		No S	Signatu	ure Red	quired At Deliv	very
	/		Shipper's Signature F	or Shipping, I	nsuranc	e, Cance	ellation	Pickup Time	0
3 Reference, Handling & I Your Internal Billing Reference Inform		ber	Shipper's Name [PRINT	lane	re	in	2	10:	

631.629.4777

Customer Service: **631.629.4780**

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

www.prontopak.com

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

Recipient's Signature | Sign upon delivery

Delivery Time

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	Date [[]	118	¹ Exclusive P 3 Hour Delive Objective / A ² Special De
1 From Shipper's Name DO	20x Grovi	COETelephone Number		5-6 Hour De Objective
107/10		000	_	Standard Rate
Company Name [Including Departm	nent)		5	Packaging
Street Address [Including Flood and/	OF ROOM Number]	7		Bulk Items Lifting and or hand tru required
City 1074 5	7 FSGe	P State Zip		Fragile Ite Special Han Required
		V		Contents of shi
2 To			6	Service Su
Recipient's Name		Telephone Number		Bill To:
109	Review C	1107		Credit Card
Company Name [Including Departs:	Perfect Co	272		Check Nun
Street Address [Including Floor and/	(dr Room Number)	3		Unless a gr receipt, the a value no
City SVC	TN & bus	State Zip		Declared V Signature re
			7	Signature
	,		5	hipper's
3 Reference, Handling & Your Internal Billing Reference Infor	Delivery Information mation / Purchase Order / Job Numi	ber		W.
			S	hipper's Name
				Lei

Pickup: (24hr) **631.629.4777**

Customer Service: **631.629.4780**

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

6559	0	2	31	C	2	C3	
4 Services [Choose	Only One]	Policies,	Terms 8	& Condit	ions at: www.pro	ntopak.com	
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve		Next E	Business Pr	oute re-Scheduled ervice	
Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Deadline Not	tes:	
Standard Rates Apply	9am-5pm M-	F. Call F	or Off-I	Peak, W	eekends & Holic	lay Charges	
5 Packaging							
Bulk Items		Env	Pkg	Ctn	Other	Total	
Lifting and / or hand truck required	Quantity						
Fragile Items	Weight						
Special Handling Required	Dimensions						
	Shipper Cash Check	Thi	ipient rd Party lount		Cancellati Waiting T (In Minute	ime	
Check Number Unless a greater v	ralue is declare			this	Fees & Adjus		
receipt, the shipp a value not excee	er hereby relea						
Declared Value A					Total Charges		
7 Signatures		No S	Signat	ure Re	quired At Del	livery	
Shipper's Thattyre	or Shipping, I	nsuranc	e, Cano	ellation	Pickup Time		
HY	1				1011	2 Am	
Shipper's Name (PRINT	UT	au	a	re	7		
Recipient's Signature					Delivery Time	e	
7	l			A STATE OF THE STA	10'	58	
Recipient's Name [PRII		· e a	0.	<i>-</i> 4.			
1 anghe	1 156	201	in	m			

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	Date (1 / 8(1	8
1 From Shipper's Name	Dur wer	Telaphone Number	
Company Name [Including Departm	F CIALIS	275	
Street Address [Including Floor And/	or Room Number]		
City	CO ASU	State Zip	
5.5			
Recipient's Name Company Name [Including Departm	grave (Telephana Number	
Street Address [Including Floor and/	or RyOm Number]	273	
City	TJUJA	WOTE Zip	
	/		
Reference, Handling & Your Internal Billing Reference Inform	Delivery Information mation / Purchase Order / Job Num	ber	
Pickup: (24hr) 631 629 4777	Customer Service: 631.629.4780		

65591 4 Services [Choose Only One] Policies, Terms & Conditions at: www.prontopak.com Exclusive Priority Rush Priority Overnight Route 4 Hour Delivery Next Business Pre-Scheduled 3 Hour Delivery Objective / ASAP Objective Day Delivery Service 3 Special Delivery Regular Delivery Code Deadline | Notes: 7-8 Hour Delivery 5-6 Hour Delivery Objective Objective Standard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges 5 Packaging Pkg Bulk Items Env Ctn Other Total Lifting and / or hand truck Quantity required Weight Fragile Items Required 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 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 Declared Value | Amount: Signature required in section 7 No Signature Required At Delivery 7 Signature or Shipping, Insurance, Cancellation Shipper Towarer **Delivery Time** Recipient's Signature | Sign upon delivery

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

ProntoPak Courier Systems, Inc. 105 Maxess Road – Suite S124 Melville, NY 11747 C3

Waybill

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4 Services [Choose Only One]

ProntoPak®

Courier Systems

ProntoPak Account Number Trace Number Date 11/0/10	Exclusive Priority 3 Hour Delivery Objective / ASAP	² Rush F 4 Hour Objective	Delivery		Overi Next B Day D	Busine
1 From Shipper's Name	³ Special Delivery 5-6 Hour Delivery Objective		ar Deliver ur Deliver ve		Code	Dea
PENTRE CYIUSE	Standard Rates Apply	9am-5pm M-	F. Call F	or Off-	Peak, W	eeken
Company Name (Including Department)	5 Packaging					
TOP CINCI EDI	Bulk Items		Env	Pkg	Ctn	Oth
Street Address [Including Floor and/of Room Number]	Lifting and / or hand truck required	Quantity				
City State Zip	Fragile Items	Weight				
(0.78) 200	Special Handling Required	Dimensions				
	Contents of shipments	must be decla	ared / All	shipm	ents sub	ject to
2 To	6 Service Summa	ry			100	
Recipient's Name Telephone Number	Bill To: S	hipper	Rec	ipient		
Company Name [Including Beng timent]	Credit Card C	ash Check		rd Party ount		
Street Address [Including Floor and/or Room Number]	Unless a greater va receipt, the shippe a value not exceed	r hereby relea				Fe
City STORY WOOTE Zip	Declared Value A Signature required i					То
	7 Signatures		No S	Signat	ture Re	quir
	Shipper's Signature Fe	or Shipping, I	Insuranc	e, Can	cellation	Pic
3 Reference, Handling & Delivery Information Your Internal Billing Reference Information / Purchase Order / Job Number	Shipper's Name [PRINTI	Cab	d			

Pickup: (24hr)

Customer Service: 631.629.4780

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

www.prontopak.com

Service dline | Notes: ds & Holiday Charges Total o inspection on pickup Cancellation Waiting Time (In Minutes) kup Time Recipient's Signature | Sign upon delivery **Delivery Time** Your signature acknowledges receipt of shipment in good condition as scheduled.

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

Route Pre-Scheduled

Waybill

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	Date ////	3/18
From Shipper's Name	Der beci	Telaphone Number	
Company Name [Including Depart)	OF CIA CIS	T	
Street Address [Including Floor and/	or Room Number]	State Zip	8
WFS	v Asaf)	
? To Recipient's Name	0 - 6 5	Telephone Number	
Company Name (Including Departm	Jed ec	Telephone Number	
Street Address [Including Floor 11d)	or Room Number]		
City SV7	5 ex bi	State Zip	
	/		
Reference, Handling & Your Internal Billing Reference Information	Delivery Information nation / Purchase Order / Job Num	ber	

Pickup: (24hr)
631.629.4777

Customer Service: **631.629.4780**

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www.prontopak.com

C3 64301 4 Services [Choose Only One] Policies, Terms & Conditions at: www.prontopak.com Exclusive Priority Rush Priority Overnight Route 4 Hour Delivery Pre-Scheduled Next Business Objective / ASAP Objective Day Delivery Service Special Delivery Regular Delivery Code Deadline | Notes: 5-6 Hour Delivery 7-8 Hour Delivery Objective Objective andard Rates Apply 9am-5pm M-F. Call For Off-Peak, Weekends & Holiday Charges ackaging Bulk Items Env Pkg Ctn Other Total Lifting and / or hand truck Quantity required Weight Fragile Items Special Handling Dimensions Required ontents of shipments must be declared / All shipments subject to inspection on pickup ervice Summary Recipient Shipper Cancellation Credit Card Cash | Check Waiting Time Check Number Amount Unless a greater value is declared in writing on this Fees & Adjustments receipt, the shipper hereby releases the property to a value not exceeding \$100.00 Declared Value | Amount: Signature required in section 7 No Signature Required At Delivery gnatures per's Signature | For Shipping, Insurance, Cancellation ent's Signature | Sign upon delivery **Delivery Time** Your signature acknowledges receipt of shigment in good condition as scheduled.

Waybill

ProntoPak® Courier Systems

ProntoPak Account Number	Trace Number	Date	#18
Shipper's Name	200 100	TOFT Telephone Number	
Company Name [Including Dysarth	51 (11101	SIP	
Street Address [Including Floo) and/	or Room Number!		
City WE	ST ES	State Zip	
2 To			
Recipient's Name Company Name [Including Department of the company of the compan	It Revise	Telephone Number	
Company Name [Including Depart	Sh4CIAL	150	
Street Address [Including Floor and/	or foom Number]		
City S	TONG	State Zip	
Reference, Handling & Your Internal Billing Reference Inform			

Pickup: (24hr)

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 &	& Condit	ions at: www.pro	ontopak.com
Exclusive Priority 3 Hour Delivery Objective / ASAP		Priority Delivery ve		Next E	Business P	loute re-Scheduled ervice
³ Special Delivery 5-6 Hour Delivery Objective		ar Deliv ur Deliver ve		Code	Deadline No	tes:
Standard Rates Apply	y 9am-5pm M	F. Call I	or Off-I	Peak, W	eekends & Holid	day Charges
5 Packaging						
Bulk Items		Env	Pkg	Ctn	Other	Total
Lifting and / or hand truck required	Quantity					
Fragile Items	Weight				44.7	
Special Handling Required	Dimensions					
3 Service Summ	ary		ii snipme	ents sub	ject to inspectio	n on pickup
				ents sub		
6 Service Summ Bill To: Credit Card Check Number	ary Shipper Cash Check	Red	cipient ird Party nount	ents sub	Cancellat	ion
Credit Card	Shipper Cash Check value is declared hereby releding \$100.00 Amount:	Red Thi	cipient ord Party nount	this	Cancellat	ion Fime
Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value	Shipper Cash Check value is declared hereby releding \$100.00 Amount:	Red in wrases the	cipient ird Party nount iting on proper	this ty to	Cancellate Waiting 1 (In Minute	time timents
Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature requirecents	Shipper Cash Check value is declarre ber hereby rele ding \$100.00 Amount: I in section 7	Red In wrases the	cipient ird Party nount iting on proper	this ty to	Cancellat Waiting 1 (In Minute Fees & Adjus	time timents
Bill To: Credit Card Check Number Unless a greater receipt, the shipp a value not excee Declared Value Signature required	Shipper Cash Check value is declare er hereby rele ding \$100.00 Amount: I in section 7	Red In wrases the	cipient ird Party nount iting on proper	this ty to	Cancellat Waiting 1 (In Minute Fees & Adjus	time timents

C4200 |C1 (|C2

Granowski 11. 28an Your signature acknowledges receipt of shipment in good condition as scheduled.

ProntoPak®

Courier Systems

ProntoPak Account Number	Trace Number	Date/ 1/	5/18
From Shipper's Name	20 les	Telephone Num	ber
Company Name [Including Departmen	CALIS	278	
Street Address [Including Floor And/or		State Zip	
(UES)	Lsti	P	,
To Recipient's Name	reste d	Telephone Num	ber
Company Name (Including Depart the	Texter C	200	
City	out be	e60 K State Zip	
Reference, Handling & D Your Internal Billing Reference Informa			

Pickup: (24hr)
631.629.4777

Customer Service: **631.629.4780**

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

4 Hour Objectiv 4 Regula 7-8 Hou Objectiv	ar Deliver		Next E Day D	elivery Servi	cheduled ce	
7-8 Hou Objective	ır Deliver		Code	Deadline Notes:		
am-5pm M-		Regular Delivery 7-8 Hour Delivery Objective			Deadline Notes:	
	F. Call F	or Off-I	Peak, W	eekends & Holiday	Charges	
	Env	Pkg	Ctn	Other	Total	
Quantity						
Veight						
Dimensions						
Service Summary Bill To: Shipper Recipient			Cancellation			
Credit Card Cash Check Third Party Check Number Amount			Waiting Time (In Minutes)			
				Fees & Adjustme	ents	
nount: section 7				Total Charges	(0)	
1				10	00	
1	No :	Signat	ure Re	quired At Delive	ery	
	Veight Dimensions nust be declar gipper sh Check use is declare hereby rele ing \$100.00	Quantity Veight Dimensions nust be declared / Al Ty ipper Rec sh Check Thi Am Le is declared in wri hereby releases the 19 \$100.00	Quantity Veight Dimensions nust be declared / All shipm Ty ipper Recipient sh Check Third Party Amount ue is declared in writing on hereby releases the proper 19 \$100.00	Veight Dimensions nust be declared / All shipments sub Ty Ipper Recipient sh Check Third Party Amount Le is declared in writing on this hereby releases the property to	Veight Dimensions Ty Interpret Recipient Cancellation of Waiting Time (In Minutes) Let is declared in writing on this hereby releases the property to 19 \$100.00	

