

5) Supplier BRUSS		G. Bruss GmbH Dichtungstechnik Finisklin Rd. Sligo, Ireland Tel.: +353 (0) 7191 56300 Fax: +353 (0) 7191 69352			
1) INVOICING ADDRESS / Buyer Customer: 11682 GETRAG S.p.A. Via del Ciclamini 4 I-70026 Modugno (Bari) ITALY Italy		2) Remarks 182361		ADVICE NOTE 3) No. 00784142 4) Date shipped 22-03-18	
11) Order-No. 550002686402		6) Freight free work collect Waggon Freight Express Post 5) Code 91000954		7) Transport Forw. agent foreign vehic. foreign vehic. own vehicle 8) No. 9) of:	
19) Shipped via FedEx Roadfreight		21) Packaging		23) gross weight net 24) 43.36 34.56	
25) DELIVERY ADDRESS GETRAG at Svevatrans S.r.l Via dei Gerani 5 I-70026 Modugno BA Italy Italy				26) Location 14248	
27) Pos.	28) Part-no.	29) Description 21) Details of packaging	30) Quantity	31) Unit	
010	9009074161	56500 OR 32.5x2.5/G 5740 IN NPC O-ring Expiry Date : 03/2023 Lot : Container Item : 12919 à 3000.00 Package Unit Quantity: 16 <i>180177246</i> Freight Terms : 03 Free Works Term of Delivery : 32	48000,00	pcs	Package No. From : 1453118 To : 1453128
42) Note of receipt		43) Quantity check	44) Quality test/Check reports	45) Receiver	46) Invoice check
Date					
Name No.					
Amtsgericht Ahrensburg, HRB 137 Geschäftsführer: Oliver Bruss, Thomas Hinz, André Ralfs			Bank Deutsche Bank AG, Hamburg DE98 2007 0000 0303 0244 00 DEUT DE HH IBAN (Bank-C) (Acct-No) SWIFT		



Compilazione a cura dell'ufficio ricevimento KN:

DATA	29/3/18	TRASPORTATORE	FBDEX
TARGA		AUTISTA	
NR COLLI VIAGGIO	16	DOC. IDENTITA'	

Compilazione a cura dell'operatore di scarico KN:

COLLI RICONTRATI	16
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DdT	COLLO	COLLO DANNEGGIATO	COLLO MANCANTE	NOTE
		<input type="checkbox"/>	<input type="checkbox"/>	Articolo
				Nr. Pezzi
				Anomalia
		<input type="checkbox"/>	<input type="checkbox"/>	Articolo
				Nr. Pezzi
				Anomalia
		<input type="checkbox"/>	<input type="checkbox"/>	Articolo
				Nr. Pezzi
				Anomalia
		<input type="checkbox"/>	<input type="checkbox"/>	Articolo
				Nr. Pezzi
				Anomalia
		<input type="checkbox"/>	<input type="checkbox"/>	Articolo
				Nr. Pezzi
				Anomalia
		<input type="checkbox"/>	<input type="checkbox"/>	Articolo
				Nr. Pezzi
				Anomalia

OPERATORE	COMARISZU	FIRMA	<i>[Signature]</i>
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