


Instructions for warehouse entry documents

Dear Customers,

To correctly identify your goods once they arrive at our facilities, please ask your supplier and/or sender to place your name correctly in the field designed for it in the entry documents according to the following:

1. The "Consignee" field **must be completed with your name** (Client).
2. For the address, **please use Gomsa's address:**
 10302 Interstate 35- Building B Khaledi Industrial Park, Laredo Tx.,
 P.O. 78045.
 Phone number: +1 (956) 284-2410

CARRIER INFORMATION									
ADDRESS									
PHONE / WEB									
									
<div style="display: flex; justify-content: space-between;"> 2 CUSTOMER COPY </div>									
Dest Trm	Orig Trm	Shipper B/L Number			Purchase Ord No	Type	Copy		
LRD	ABM	52111111			1240				
O Car Cd	O Car Rev	ODFL Rev	O Car M/B No	Bill to Cd	Tri No	M/S Date	Waybill Number		
					798281	1/26/23	00112233445		
<div style="border: 2px solid red; padding: 5px;"> CUSTOMER INFORMATION: NAME GOMSA ADDRESS: 10302 INTERSTATE 35-BUILDING B KHALEDI INDUSTRIAL PARK, LAREDO TX. MEXICO - PO 78045 PHONE: +1 (956) 284-2410 </div>					Dest I/L Car	<div style="text-align: center;"> <p>RECEIVED</p> <p>NC 27703</p> <p>Oscar MZ 1PLT</p> <p>02/01/23</p> </div>			
Maybill Number: 00112233445					SHIPMENT RECEIPT				
Pieces	HM	Description			CLASS	Weight	AS Weight	Rate	Prepaid
1		HANDLING UNITS: 1 OF TYPE SKID SHIPPER LOAD & COUNT Indv Pcs: 25 CTN BUILDING BLOCK TOYS NMFC # 112233 / SUB # 00 48" L X 40" W X 53" H Cnt: 1 FUEL SURCHARGE CONTACT PHONE NUMBER OF THE CARRIER:							
GOMSA LOGISTICS USA LLC IS NOT RESPONSIBLE FOR FIGHT CHARGES									
C.O.D.									
Ttl Pcs	Consignee Cd	Shipper	Tariff	Due ODFL(USD)	Ttl Weight	Ttl AS Wgt	RECEIVED IN GOOD CONDITION EXCEPT AS NOTED By: _____ Company: _____ Date: _____		
Driver: _____ <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Lift Gate <input type="checkbox"/> Other _____					Total Prepaid: _____ Total Collect: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHK <input type="checkbox"/> CHG				
<input type="checkbox"/> Sort & Seg - Pieces _____					<input checked="" type="checkbox"/> Shrink Wrap Intact Unless Otherwise Indicated				
DELIVERY RECEIPT									

Failure to provide this information correctly may cause delays in the notification of your goods' delivery, as there will be insufficient details to identify the consignee.

For any questions, please contact Aldo Manuel Morán Ramírez at amoranr@gomsa.com.



Sincerely,
Gomsa

