

FROM SHIPPER	COMPANY ACME SUPPLY COMPANY				TO CONSIGNEE	COMPANY ABC COMPANY				SHIP DATE 01/01/02			
	ADDRESS 123 AVENUE					ADDRESS 123 STREET				ORIGIN CODE			
	ADDRESS SUITE A					ADDRESS SUITE 1				DESTINATION CODE			
	CITY + STATE / ZIP ANYTOWN, USA 12345					CITY + STATE / COUNTRY / ZIP ANYWHERE, USA 34567				BILL CHARGES TO <small>SHIPPER OR LESSOR OR OTHER</small>			
	SENDER'S NAME JOHN SMITH		PHONE (123) 456-7890			ATTENTION JANE DOE		PHONE (234) 567-8901		___ SHIPPER		___ OTHER (SPECIFY)	
	SHIPPER REFERENCE P.O. #ABC123		SHIPPER ACCOUNT NO. 3590			RECEIPT REFERENCE 123456789		RECEIPT ACCOUNT NO.		___ CONSIGNEE		___ THIRD PARTY	
	INSURED VALUE - (ALL RISK) \$5,000.00		DECLARED VALUE \$			COMPANY				FREIGHT			
	<small>Maximum \$50K. 30% without and with broker. Additional charges apply. When no dollar value is insured or declared, it is limited to weight to \$500 or \$500/LB whichever is greater and internationally to \$500/LB. Subject to the terms and conditions of contract on file. An itemized Value List is required for multiple piece shipments.</small>					ADDRESS				PICKUP			
	SPECIAL INSTRUCTIONS/SERVICES REQUIRED DELIVER TO DOOR #5					ADDRESS				DELIVERY			
	<input checked="" type="checkbox"/> SPECIAL DELIVERY BY 5:00 PM					CITY + STATE / ZIP				DECLARED VALUE FEE			
				AUTHORIZED BY				ACCOUNT NO.		INSURANCE FEE			
SERVICES	___ FIRST FLIGHT OUT ___ 9 AM ___ NEXT DAY <input checked="" type="checkbox"/> 2ND DAY ___ 3RD DAY ___ 3 - 5 DAY										OTHER		
	___ LETTERPAK ___ LOCAL ___ SATURDAY ___ INTERNATIONAL ___ OTHER (SPECIFY) _____										ADVANCES		
PIECES	LENGTH	WIDTH	HEIGHT	DESCRIPTION OF CONTENTS - HAZARDOUS MATERIALS MUST BE NOTED						WEIGHT	SHIPPER'S C.O.D.		
1	75	X 50	X 19	MACHINE PARTS						515	___ CASHIER'S CHECK ___ COMPANY CHECK		
2	12	X 12	X 12	PRINTED MATERIAL						60	ONE TICKET ON REVERSE #119 C.O.D. AMOUNT		
3	48	X 40	X 50	ELECTRONIC EQUIPMENT						625	C.O.D. FEE		
SHIPPER SIGNATURE (CONDITIONS ON REVERSE APPLY) <input checked="" type="checkbox"/> <i>John Smith</i>				TOTAL PIECES 6		TOTAL WEIGHT (LBS. NET TO CONNECTION) 1200				TOTAL CHARGES US\$			
RECEIVED BY CONSIGNEE IN GOOD ORDER (EXCEPT AS NOTED BY SIGNATURE X)				PRINTED NAME				DATE		TIME		ORDER IN TOTALS	
AIR WAYBILL NO.		PICKED UP FOR ADCOM BY		DATE		TIME		NO. PIECES		LOCATION		ORDER IN TOTALS	
		<input checked="" type="checkbox"/>				___ AM ___ PM				___ DOCK ___ FRONT DESK ___ OTHER			

NON-NEGOTIABLE AIR WAYBILL SUBJECT TO CONDITIONS OF CONTRACT ON REVERSE