

AIRFREIGHT SHIPPING ORDER

At any Airfreight order placement, this form should be filled and faxed to :
961.1.489 479

CITY OF ORIGIN	CITY OF DESTINATION
SHIPPER Address	CONSIGNEE Address
City	City
Zip Code	Zip Code
State	State
Country	Country
Tel:	Tel:
Fax:	Fax:
Contact Name	Contact Name
Department	Department

ORDER INFORMATION

NATURE OF GOODS		DATE OF DELIVERY
NUMBER OF PIECES	GROSS WEIGHT	VOLUME
VALUE OF GOODS	DATE OF DELIVERY	SPECIFIC AIRLINE (if agreed upon)

SERVICES

SERVICE REQUIRED	PACKING	AIRFREIGHT	INSURANCE	LEGALIZATION
<input type="checkbox"/> Door to Door	<input type="checkbox"/> Yes	<input type="checkbox"/> Collect	<input type="checkbox"/> All Risk	<input type="checkbox"/> Yes
<input type="checkbox"/> Airport to Airport	<input type="checkbox"/> No	<input type="checkbox"/> Prepaid	<input type="checkbox"/> Total Loss	<input type="checkbox"/> No
<input type="checkbox"/> Airport to Door			<input type="checkbox"/> None	
<input type="checkbox"/> Door to Airport				

Authorized Signature & Stamp

Date: _____

Name: _____