FedEx null CRN Report

Use For Manual Data Entry As Required

Page 1 of 1

Shipper: Sender Name

Origin: CA

Number of CRN's: 4 Number of Address: 0 CRN Weight Type: LB

Master AWB #:

Overnight Docs Trk: 794965395849

MAWB Form ID: CRN Form ID:

CONTACT NAME: Sender Name

ADDRESS LN1: Address Line 1

CITY: Richmond

Phone: 0123456789

RECIP CODE: US

CITY: RICHMOND

ACCOUNT:

CITY: ACCOUNT: COMPANY NAME: Sender Company Name

ADDRESS LN2:

COMPANY NAME: Sender Company Name

ADDRESS LN2:

COMPANY NAME: Sender Company Name

ADDRESS LN2:

POSTAL: V7C4V7

DIM WGT: 12x12x12

PCV COUNT: 4

SVC: ACCOUNT: REFERENCE#: Mod_794965395849
SPEC HDLG: DG: BILL - SPEC HDLG: 1

DESCRIPTION: Maple Syrup HARMONIZED CODE: 170220229

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Printed data valid for Fedex reports