

PICK-UP ORDER

ORIGINAL PICK-UP ORDER

DATE	PICK-UP ORDER NO.
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PICK-UP FROM		LOCAL DELIVERY OR TRANSFER BY (PICKUP ORDER ISSUED TO)		
CONTACT:				
		LOCAL DELIVERY OR TRANSFER REFERENCE NO.		
		INLAND FREIGHT <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT		
DELIVERY TO		C.O.D. AMT ▶		
ATTENTION TO:		HANDLING INFO.		
IMPORT INFORMATION		ROUTE		
AWB OR B/L NO.	HOUSE AWB OR B/L NO.	SHIPPED ON BEHALF OF (CUSTOMER)		
ENTRY-AWB NO.	SUB AWB OR B/L NO.			
AVAILABLE PICKUP DATE	LAST FREE DAY			
ORIGIN PORT	DESTINATION PORT	CUSTOMER REFERENCE NO.	CONTAINED HAZARDOUS GOODS <input type="checkbox"/> YES <input type="checkbox"/> NO	
NO. OF PKGS.	DESCRIPTION OF ARTICLES, SPECIAL MARKS & EXCEPTIONS	WEIGHT	DIMENSION	DO NOT USE

ISSUED BY	DELIVERY RECEIVED IN GOOD ORDER	
PER	PRINT NAME	
X	X	
Signature	Signature	DATE
		TIME