

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