

HOUSE AIRBILL

DATE	HOUSE BILL NO.
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SHIPPER'S NAME AND ADDRESS		MASTER BILL NO.		BILLING TO <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> 3RD PARTY					
		DECLARED VALUE FOR CARRIAGE		AMOUNT OF INSURANCE					
		SHIPPER'S REFERENCE NO.	P.O. NO.	CONTAINED HAZARDOUS GOODS <input type="checkbox"/> YES <input type="checkbox"/> NO					
CONSIGNEE'S NAME AND ADDRESS		THIRD PARTY BILLING							
POINT (PORT) OF ORIGIN	POINT (PORT) OF DESTINATION	SERVICE LEVEL				C.O.D. AMT ▶			
PIECES	DESCRIPTION	WEIGHT(LB)	CUBIC WT	L	W	H	RATE	PREPAID	COLLECT
								FREIGHT CHARGES	
TOTAL	WEIGHT SUBJECT TO CORRECTION	TOTAL	TOTAL	CUBIC INCHES			TOTAL PREPAID	TOTAL COLLECT	
SPECIAL INSTRUCTIONS							SHIPPER'S C.O.D.		
							TOTAL CHARGES ▶		

SHIPPER'S SIGNATURE		DELIVERY RECEIVED IN GOOD ORDER	
RECEIVED FOR FWRD BY <input type="checkbox"/> SHIPPER'S DOOR <input type="checkbox"/> TERMINAL		X Signature of Consignee	
DATE	TIME	DATE	TIME

SUBJECT TO CONDITIONS OF CONTRACT