

# DELIVERY ORDER

ORIGINAL DELIVERY ORDER

DATE	OUR REFERENCE NO.
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The merchandise described below will be entered and/or forwarded as follows:

<b>PICKUP FROM</b>		<b>LOCAL DELIVERY OR TRANSFER BY</b> (DELIVERY ORDER ISSUED TO)		
PICK-UP FROM		LOCAL DELIVERY OR TRANSFER REFERENCE NO.		
		AWB OR B/L NO.		HOUSE AWB OR B/L NO.
		ENTRY NO.		SUB AWB OR B/L NO.
<b>DELIVERY TO</b>		ARRIVAL DATE		LAST FREE DAY
ATTENTION TO:		ORIGIN / DESTINATION PORT		CARGO LOCATION
		/		
HANDLING INFO.		CARRIER		
ROUTE		IMPORTER		
		CUSTOMER REFERENCE NO.		
NO. OF PKGS.	DESCRIPTION OF ARTICLES, SPECIAL MARKS & EXCEPTIONS	WEIGHT	DIMENSION	DO NOT USE
		<b>INLAND FREIGHT</b>		<b>PREPAID</b> <input type="checkbox"/> <b>COLLECT</b> <input type="checkbox"/>
		<b>COD AMOUNT</b>		

PER \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Received in good order by (Signature) \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_