

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:

PICKUP FROM		LOCAL DELIVERY OR TRANSFER BY (DELIVERY ORDER ISSUED TO)			
PICK-UP FROM		LOCAL DELIVERY OR TRANSFER REFERENCE NO.			
		AWB OR B/L NO.		HOUSE AWB OR B/L NO.	
		LOCAL DELIVERY OR TRANSFER REFERENCE NO.			
DELIVERY TO		ENTRY NO.		SUB AWB OR B/L NO.	
ATTENTION TO:		ARRIVAL DATE		LAST FREE DAY	
		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	
		INLAND FREIGHT		PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>
		COD AMOUNT			

PER _____

Signature _____

Print Name _____

Received in good order by (Signature) _____

Date _____ Time _____