

VOID RECEIPT

**Void Date:** 

TSP NAME:			
SCAC:			
ADDRESS:			
ADDRESS:			
Vessel Name:		Date of Invoice:	
Voyage No.:		Payment Terms:	
Bill of Lading No.:		DeWitt TSA No.:	
Container No.:		APL's D&D Tariff: _	
Container Size:		Load Port:	
Place of Receipt:		Discharge Port:	
Member Name:		Pieces:	
GBL No.:		TTL CF:	
BASED ON UNIT		RATE	LINE TOTAL
	Basic Ocean Freight Charge		
	Origin Terminal Handling Charge		
	Destination Terminal Handing Charge		
	Bunker Surcharge NOS		
	Advance Manifest Compliance Charge (AMS)		
	Inland (Rail) Charge		
	Container Inspection Fee & Survey Fee		
		TOTAL:	
		·	
	REASON FOR VOID R	RECEIPT	
		)	
		J	

THANK YOU FOR YOUR BUSINESS

PLEASE TAKE NOTICE THAT DEWITT CLAIMS A LIEN AGAINST ALL CONTAINERS OR GOODS IN ITS POSSESSION FOR NON-PAYMENT OF ANY CHARGES.

PLEASE TAKE FURTHER NOTICE THAT A  $1\frac{1}{2}$  % MONTHLY SURCHARGE WILL BE CHARGED ON ALL OVERDUE ACCOUNTS AND THAT IF SERVICES OF AN ATTORNEY ARE REQUIRED TO COLLECT ANY CHARGES HEREUNDER THE ABOVE-NAMED INVOICE AGREES TO PAY REASONABLE ATTORNEY'S FEES AND COST OF SUIT.