

COMPANY NAME

ADDRESS
ADDRESS
ADDRESS

AB000001

PROOF

SHIPPER			<input type="checkbox"/> PREPAID	RECEIVER			<input type="checkbox"/> COLLECT
ADDRESS			ADDRESS			POSTAL CODE	
CITY	PROV.		POSTAL CODE	CITY			POSTAL CODE
PICKUP DATE MM DD YY	THIRD PARTY NAME & CODE		P/U DRIVER	DRIVER	DELIVERY DATE MM DD YY		CUSTOMER CODE
SHIPPER REFERENCE	SHIPPER SIGNATURE X	CUSTOMER CODE		DELIVERY TIME	RECEIVED IN GOOD ORDER X		
NO. PIECES	DESCRIPTION	WEIGHT	<input type="checkbox"/> CONTACT <input type="checkbox"/> RUSH <input type="checkbox"/> SAME DAY		<input type="checkbox"/> CHARGE <input type="checkbox"/> CHEQUE # _____ <input type="checkbox"/> CASH		TARIFF
					VALUATION CHARGED WILL BE ASSESSED ON DECLARED VALUE		WEIGHT CHARGES
							WAITING / UNLOAD CHARGES
							INTERLINE CARRIER
DIMENSIONS (INCHES): _____ X _____ X _____ =		CU. FT.					G.S.T./H.S.T.
SPECIAL INSTRUCTIONS		TOTAL WEIGHT			DECLARED VALUE \$		TOTAL