



FEROZ

Transport

LOGISTICS

FOR ASSISTANCE CALL	WAYBILL NO.
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FROM SHIPPER	COMPANY		TO CONSIGNEE	COMPANY		SHIP DATE		
	ADDRESS			ADDRESS		ORIGIN CODE		
	ADDRESS			ADDRESS		DESTINATION CODE		
	CITY / STATE / ZIP			CITY / STATE / COUNTRY / ZIP		BILL CHARGES TO (SHIPPER UNLESS SPECIFIED)		
	SENDERS NAME	PHONE		ATTENTION	PHONE	<input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> THIRD PARTY <input type="checkbox"/> OTHER (SPECIFY)		
	SHIPPER REFERENCE	SHIPPER ACCOUNT NO.		RECIPIENT REFERENCE	RECIPIENT ACCOUNT NO.			
	INSURED VALUE	DECLARED VALUE - (Subject to Carrier Negligence)		COMPANY		FREIGHT		
	\$	\$		ADDRESS		PICK UP		
	<small>Additional charges apply. Insured value above \$100,000 or a declared value over \$50,000 require prior approval. When no excess value is insured or declared. Liability is limited domestically to \$50.00 or \$.50/LB whichever is greater and internationally to 17 SDR. Subject to terms and conditions of contract on reverse. Itemized valuation list is required for multiple piece shipments.</small>			ADDRESS		DELIVERY		
	SPECIAL INSTRUCTIONS/SERVICES REQUIRED			CITY / STATE / ZIP		DECLARED VALUE FEE		
SERVICE	<input type="checkbox"/> SAME DAY <input type="checkbox"/> LETTER <input type="checkbox"/> NEXT DAY <input type="checkbox"/> SECOND DAY <input type="checkbox"/> THIRD DAY <input type="checkbox"/> 3 - 5 DAY <input type="checkbox"/> FTL <input type="checkbox"/> LOCAL <input type="checkbox"/> SATURDAY <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> OTHER (SPECIFY) _____					OTHER		
						ADVANCES		
PIECES	LENGTH	WIDTH	HEIGHT	DESCRIPTION OF CONTENTS OR NMFC ITEM NO./CLASS-HAZARDOUS MATERIAL MUST BE NOTED		WEIGHT	SHIPPER'S C.O.D. <input type="checkbox"/> CASHIERS CHECK <input type="checkbox"/> COMPANY CHECK <small>CONDITIONS ON REVERSE APPLY</small>	
	X	X				0.00		
	X	X				0.00		
	X	X				0.00		
	X	X				0.00		
	X	X				0.00	C.O.D. AMOUNT	
	X	X				0.00	C.O.D. FEE	
	X	X				0.00	Waiting Time	
X				TOTAL PIECES	0	TOTAL WEIGHT	Lbs 0.00	
RECEIVED BY CONSIGNEE IN GOOD ORDER EXCEPT AS NOTED BY				PRINTED NAME		DATE	TIME	Total \$ 0.00
SIGNATURE X								
WAYBILL NO.	PICKED UP BY		DATE	TIME	NO. PIECES	LOCATION		
	X					<input type="checkbox"/> DOCK <input type="checkbox"/> FRONT DESK <input type="checkbox"/> OTHER		