



	ACCOUNT No.	DATE OF SHIPMENT	CONSIGNMENT NUMBER		
	A/C COMPANY		No. OF PIECES	WEIGHT	CHECK WEIGHT
	REF 1.	REF 2.	DESCRIPTION		DIMENSIONS
	COLLECT FROM:				Box 1 x x x Box 2 x x x Box 3 x x x Box 4 x x x Box 5 x x x Dim. Check
TELEPHONE 0870 143 0699	All business is transacted subject to the Company's Standard Trading Conditions. A full copy will be supplied upon request. Sender's Signature: _____ Date: ____/____/____		Value for customs £ _____ Insure? YES NO Insurance Value £ _____	Duties and Taxes to be billed BILL TO SHIPPER: To the recipient unless specified here: YES	
RECEIVED BY Flight LG Time: _____ Date: ____ / ____ / ____ Signature: _____	DELIVER TO: Attention _____ Company _____ Address _____ _____ Town _____ County _____ Country _____ Postcode _____ Tel _____ Fax _____		SPECIAL DELIVERY INSTRUCTIONS Please note: all shipments are sent via normal schedules unless specified in this section & notified on booking with Client Services. RECEIVED IN GOOD CONDITION BY Signature _____ Time _____: Print Name _____ Date ____/____/____		