STRAIGHT BILL OF LADING - NON NEGOTIABLE SHIPPING ORDER - DOMESTIC AIRWAYS FREIGHT CORPORATION (AFC) CUSTOMER SERVICE 1-800-643-3525

AIRWAYSFREIGHT.

P/U	Date	Del	Date

SHIPPER (FROM)			CONSIGNEE (TO)				
STREET ADDRESS			STREET ADDRESS				
СІТУ	STATE	ZIP	CITY		STATE	ZIP	
CONTACT NAME	CONTACT PHONE		CONTACT NAME		CONTACT PHONE	1	
CONVENTION CENTER			CONVENTION CENTER				
SHOW NAME	BOOTH NUMBER		SHOW NAME		BOOTH NUMBER		
THIRD PARTY (BILLING)				FREIGHT CHARGES ARE PR			
			CHECK ONE:	□ Prepaid SE	Collect	☐ Third Party Prepaid	
			CHECK ONE:			□ 2nd Day □ 3-5 Day	
BILLING ADDRESS	_		SPECIAL SERVICES CHECK ONE:				
CITY	STATE	ZIP	DECLARED VALUE* *Value agreed to be \$100.00 per shipment or \$.50 per pound UNLESS EXCESS VALUE IS DECLARED IN THE AMOUNT OF \$				
CONTACT NAME	CONTACT PHONE			SENT TO SCREEN CARGO A		ODS CERTIFICATION DERSTAND THAT ALL CARGO IS SUBJECT TO SCREENING.	
	DESCOI	PTION OF ARTICLES, WE	_			DENSTARD THAT ALL CARDO IS SUBJECT TO SCREENING.	
NO. PCS.		TION OF CONTENTS	1			ACTUAL WT (dim wt may apply)	
NO. FCS.	DESCRIFI	TON OF CONTENTS		IMENSIONS (Length	, Width, Height)	ACTUAL WV I (dim wt may apply)	
-							
TOTAL NO. PCS.						TOTAL WEIGHT	
SHIPPER'S SIGNATURE	DATE	TIME	In tendering this shipmen	t to Airways (AFC) shipper a	grees that AFC shall	not be liable for special, incidental, or	
RECEIVED FOR AIRWAYS AS PER CONDITIONS OF COM	ITRACT DATE	TIME	consequential damages arising from carriage hereof. AFC disclaims all warranties expressed or implied with respect to this shipment. Shipper agrees that AFC has accepted this shipment as per Conditions of Contract available for viewing at http://www.airwaysfreight.com.				
			viewing at http://www.air	waysfreight.com.			
			SHIPPING LA	ABEL (AFFIX '	FO FREIGH	T)	
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PLACE CAI	DDIFD						
PRO LABEL	HEKE		DESTINATION ADDRESS				
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