



AIR 7 SEAS

TRANSPORT LOGISTICS, INC.

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Head Office:

P.O. Box 611117, San Jose, CA 95161

DOMESTIC AIR WAYBILL

NON NEGOTIABLE

SHIPPER	① Account Number	Telephone	CONSIGNEE	② Contact	Telephone	SHIPMENT METHOD	③ Deadline			
	Contact	Fax		Company Name & Address			Date	Time		
	Company Name & Address			Fax			<input type="checkbox"/> DEFERRED	<input type="checkbox"/> 2ND DAY	<input type="checkbox"/> FIRST FLIGHT	<input type="checkbox"/> OTHER *
	Reference / PO# for billing			Total Pieces	TOTAL WEIGHT		LBS KG <input type="checkbox"/> <input type="checkbox"/>	DIM WEIGHT	FREIGHT	OTHER
SHIPMENT DETAILS	Account Number	Telephone	SHIPMENT DETAILS	Description		<input type="checkbox"/> Prepaid	<input type="checkbox"/>			
	* Bill To / Pick-Up / Also Notify			Description		<input type="checkbox"/> Collect	<input type="checkbox"/>	<input type="checkbox"/> Other *		
	Special Instructions			SERVICES & INSTRUCTIONS		FROM		TO		
				ORIGIN	DESTINATION	CHARGES		<input type="checkbox"/> DOOR	<input type="checkbox"/>	
	Use of this Air Waybill constitutes your acceptance of the Terms and Conditions on the reverse.			<input type="checkbox"/> Ready	Open	<input type="checkbox"/> \$	<input type="checkbox"/> PORT		<input type="checkbox"/>	
<input type="checkbox"/> Close			Close	\$	Port _____					
Shipper's Signature	Date/Time	<input type="checkbox"/> Lift Gate Required	<input type="checkbox"/> \$	INSUR <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____				
Driver Signature	Date/Time	<input type="checkbox"/> Waiting Time	<input type="checkbox"/> \$	DECL. VALUE <input type="checkbox"/> No		\$ _____				
Consignee's Signature	Date/Time	<input type="checkbox"/> Attempt/Inside/Home	<input type="checkbox"/> \$	PCS: L X W X H		_____				
		<input type="checkbox"/> Weekend/Holiday	<input type="checkbox"/> \$	_____		_____				
		<input type="checkbox"/> Hotel/Exhibition	<input type="checkbox"/> \$	_____		_____				
		<input type="checkbox"/> Shipper's COD	In Check/MO/Cash	\$	_____		_____			
		<input type="checkbox"/> \$	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		INSURANCE \$		_____			
		<input type="checkbox"/>			BASE \$		_____			
		<input type="checkbox"/>			TOTAL \$		_____			