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COMPANIES AND STATE OF THE STAT		ACCOUNT NUMBER		Cl	CLIENT REFERENCE 名7 いっち		OFFICE RE 87/~		DATE
SENDER (Your Name)			TEL		RECEIVER (Name)				
COMPANY LE	1		COMPANY V31 3/2 504 (Name)			372 · 5045			
STREET ADDRESS (Dept./Floor) UNIT 5 HERON PARK					STREET ADDRESS (Dept./Floor)				
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CITY OLD PA			CITY		SUBURB				
NO OF PACKAGES DES	CRIPTION OF	PACKAGE	LENGTH CM	WIDTH	HEIGHT	BAN VOLU WEIGHT	ME ACTUAL KG WEIGHT	SPECIAL IN	STRUCTIONS
2	BOXES		46	46	52		55		: ************************************
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TEST WEIGHT	· I					DATE 14-10	16 TIME:		
SERVICES PLEASE SELECT SERVICE / IN BOX									
DOOR TO DOOR DIRECT LOAD			AIR		5) L 30.38%	SAME DAY		HAZARDOUS CARGO	
OFFICE USE ONLY NAME DATE SIGN OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDESTOOD AND AGREE TO BE TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)								REE TO BE BOUND BY	
CHECKED IN	10.16	-t	SENDERS	SENDERS SIGNATURE: MODEL 14:10:16					
CHECKED OUT Chris		10/16 0			PRINT NAME: TIME TIME PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION				
CHECKED IN BONZON 12/1		10/16			PRECEIVER'S SIGNATURE: DATE 17/10/16			10/16	
CHECKED OUT	Kanan	PRINT NAME. SSCHOL TIME 13'-00					<u>00 '</u>		

WHEN NO SERVICE IS INDICATED WE RESERVE THE HIGHT TO DESPAICH AND CHARGE AT THE PUBLISHED STANDARD HATES.
WE DRAW YOUR ATTENTION TO THE SUMMARISED VERSION OF OUR TERMS & CONDITIONS AS ACCEPTED BY YOU ON THE REVERSE OF OUR WAYBILL.
YOU ACKNOWLEDGE THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.