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1514065

EMIT

DATE

OFFICE REFERENCE

CLIENT REFERENCE

ACCOUNT NUMBER

RECEIVER (Name)

TEL

COMPANY (Name)

STREET ADDRESS (Dept./Floor)

POSTAL CODE

CITY

SUBURB

NO OF PACKAGES

DESCRIPTION OF PACKAGE

LENGTH CM

WIDTH CM

HEIGHT CM

VOLUME WEIGHT KG

ACTUAL WEIGHT

SPECIAL INSTRUCTIONS

COLLECTED BY:

SIGNATURE

DATE

TIME

TEST WEIGHT (OFFICE USE)

SERVICES PLEASE SELECT SERVICE / IN BOX

DOOR TO DOOR ECONOMY

DIRECT LOAD

HAZARDOUS CARGO

OFFICE USE ONLY

CHECKED IN

CHECKED OUT

CHECKED IN

CHECKED OUT

NAME

DATE

SIGN

SENDER'S SIGNATURE

DATE

PRINT NAME

TIME

PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION

RECEIVER'S SIGNATURE

DATE

PRINT NAME

TIME

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DISPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES.

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.