

EXPRESS AIR WAYBILL

No: _____

Shipper

Address

City / Country

Contact/Phone

Consignee

Address

City / Country

Contact/Phone

Origin Airport

Destination Airport

Flight / Date

Account No.

PCS	Weight	Commodity	Packing	Dimensions	Nature of Goods

Declared Value for Carriage

Declared Value for Customs

Insurance

Shipper's Signature:

Consignee's Signature: _____

Date: _____