

Sample Airline Airway Bill

		House Air Waybill Number	
Shipper's Name and Address		Shipper's account Number	
Consignee's Name and Address		Consignee's account Number	
Airport of Departure (Addr. of first Carrier) and requested Routing		Airport of Destination	
By first Carrier		Routing and Destination	
Flight/Date		Via Carrier/Flight/Date	
Air Waybill Number		Air Waybill Number	
Currency		Declared Value for Carriage	
Amount of Insurance		Declared Value for Customs	
<p>Not negotiable Air Waybill (Air Consignment note) Issued by _____</p> <p>Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.</p> <p>It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.</p> <p>These commodities (banned by the United States for ultimate destination) _____ Diversion contrary to _____ United States law prohibited.</p>			
<p>INSURANCE: If Carrier (first instance) and such insurance is requested in accordance with conditions in contract hereof, indicate amount to be insured in figures in box marked "Amount of Insurance".</p>			
<p>Handling Information</p> <p>_____</p>			
No. of Pieces (G.P.)	Gross Weight	kg lb	Rate Class
			Commodity Ref. No.
			Chargeable Weight
			Rate / Charge
			Total
			Nature and Quantity of Goods (incl. Dimensions or Volume)
Prepaid		Collect	
Weight Charge		Other Charges	
Valuation Charge			
Tax			
Total other Charges Due Agent		<p>Shipper certifies that the particulars on the facts hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.</p> <p style="text-align: center;">_____ Signature of Shipper or his Agent</p>	
Total other Charges Due Carrier			
Total prepaid			
Currency Conversion Ratio		or charges in local currency	
Excluded on _____ (Date)		at _____ (Place) Signature of Issuing Carrier or its Agent	
<p>Form No. 16-810 Printed and Sold by CPA 799 Central Ave., New Providence, NJ 07974 • 866-633-3898</p> <p style="text-align: center;">ORIGINAL 3-FOR SHIPPER</p>			

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