Shipper (Full Name and Address)	Export Licence No.	S/O No.
Contact: E-mail: Tel No. Fax No.		

Consignee (Full Name and Address) [if 'to order' stare notify party]

Notify Party (Full Name and Address)

Vessel / Voy No.	Place of receipt / Port of loading
Port of discharge	Place of delivery

Airway Express hong kong 安進海空

Airway Express (Hong Kong) Limited
(referred herein as "the Company")
香港九龍灣啟祥道九號信和工商中心9字樓11-14室
Units 11-14 9/Fl Sino Ind Plaza 9 Kai Cheung Road Hong Kong
Tel:(852) 2305 0832 (12 Lines) Fax:(852) 2305 0503
E-mail address: info@airway.com.hk

Shipping Order
Office Copy

Freight Payable at	No. of Original B/L required _____ No. of Original Cargo Receipt required _____

Marks & Numbers	Description of Goods	Gross Weight KGS	Measurement CBM

SERVICE CODE	
CFS/CFS ☐	CFS/CY ☐
CY/CY ☐	CY/CFS ☐

DOCK RECEIPT NO.

According to declaration of the merchant

Remarks

Airway Express (Hong Kong) Limited

.....
Acknowledgment of booking only
Authorized Signature

.....
Shipper's Signature & Chop

_____
Date: (Day / Month / Year)

Neither the Company nor the Carrier is responsible for any cargo being shut out or off-loaded, howsoever caused. All goods must be insured against all risks.

All transactions are subject to the Company's Standard Trading Conditions (copy is available upon request), which in circumstances limit or exempt the Company's liability.

F20 (1 Nov 2011)