

DELIVERY ORDER

SHIP DATE	
DELIVERY DATE	

REF NO: _____ PORT: _____

SHIPPER

Company Name		Address	
Contact Person		Mobile #	
Phone No		Email	

[] OVERNIGHT AIR [] 2ND DAY AIR [] SEA [] GROUND [] LOCAL SAME DAY

RECIPIENT

ATTN	
Street Address	
City, State, ZIP	
Country	

Name			
Contact Person		Mobile #	
Phone No		Email	

DELIVERY DETAILS:

Number of Items		Declared Value	
ECCN		Weight ([]kg. [] lb.)	
LxWxH ([] in. [] cm.)		Volume	

Other: _____

Shipper Signature- Sign when item is shipped

Other: _____

Other: _____

Recipient Signature – Sign when item is received

Other: _____



