



PACKING LIST

SHIPPER:	INVOICE NO:	INVOICE DATE:
	SHIP DATE:	FILE NUMBER:
CONSIGNEE:	BILL TO:	

SHIPMENT INFORMATION

CUSTOMER PO NO:	L/C NO:	MODE OF TRANSPORT: <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN
PO DATE:	CURRENCY: <input type="checkbox"/> USD <input type="checkbox"/> EURO <small>SPECIFY OTHER</small>	TRANSPORT TERMS:
REF NO:	PAYMENT TERMS:	NO PACKAGES:
AWB/BL NO:	INCOTERMS DESC:	GROSS WEIGHT (KG):

QUANTITY	DESCRIPTION	UNIT

NO. PKGS	GROSS WEIGHT LBS	GROSS WEIGHT KGS	NET WEIGHT
TOTAL:			