

Notes:

"LETTERS OF CREDIT" Phone: 724-512-0110 Fax: 724-512-0114

E-mail: info@parkinternational.org

AIR WORKSHEET (Fill In Only Where Applicable -Or- Provide Copy of AWB/MAWB)					
Date:					
Forwarder Name:		Contact:	Phone:	Phone:	
Shipper Co. Name:		Contact:	Phone:		
Pieces:	Weight:	Тур	e of packing:		
Prepaid or Collect?		Destination:			
Dimensions of each piece	<b>:</b> :				
Please be sure to include	all shipper doc	uments needed to com	plete letter of credit.		
-	•	•	not required if AWB is attached to file	e.)	
Charges that may be appl	icable (Airfreigl	•			
Letter of Credit:		Sight Draft:			
Certificate of Origin:		Cable/Telex:			
Document Preparation:		Shippers Export Dec:			
Invoice:		Consularization Fee:			
Courier:		Postage/Mailing:			
Pick Up Charge:		Any Other Truck Charge:			
Misc. Certificate Fee:		Terminal Service Fee:			
Freight Rate Per	Kilo:	Pound:	Min:		
Insurance Certificate Preparation Fee: Premium per \$100.00:					
Any Other Charges (Plea	se describe):				
House Air Bill No.:		MAWB No.:			
Flight No.:		Flight Date:			
Name of Carrier: Is this information confirmed?yes		Is this a house air waybill yesnono ** If no, fax/e-mail confirmed flight info after flight leaves USA.			