



MAINLAND FLORAL

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WAYBILL

TRUCK #

DATE

SHIPPER

CONSIGNEE

DELIVERY INSTRUCTIONS

PHONE:

PHONE:

LOCATION	ACCOUNT #	ORDER #	PO #
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CARRIER	BILL <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/>	SECOND CARRIER	BILL <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/>	FOB
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DISPATCH: cargo@mainlandfloral.ca or FAX: (604) 856-3373 ALL FREIGHT IS SHIPPED PREPAID UNLESS INDICATED OTHERWISE

PIECES	CODE	ITEM/DESCRIPTION	EST. CUFT/ITEM	CHARGES	TEMPERATURE
					MIN _____ MAX _____
					AT SHIPPER
					_____ CARTS
					_____ SHELVES
					___ EXCH ___ DROP ___ RECV.
					AT CONSIGNEE
					_____ CARTS
					_____ SHELVES
					___ EXCH ___ DROP ___ RECV.
					ADDITIONAL BILLING
					<input type="checkbox"/> WAYBILL FEE \$ _____
					<input type="checkbox"/> DOCUMENTATION FEE \$ _____
					<input type="checkbox"/> ACE/ACI FEE \$ _____
					<input type="checkbox"/> INSURANCE PREMIUM \$ _____
					<input type="checkbox"/> _____
					SPECIAL INSTRUCTIONS

MAXIMUM LIABILITY IS CDN \$10/CUFT, UNLESS THERE IS A DECLARED VALUE. A PREMIUM OF 2% OF THE DECLARED VALUE WILL BE CHARGED

SHIPPER	CARRIER	CONSIGNEE/2 ND CARRIER	DECLARED VALUE
			\$ _____
			PREMIUM 2%
			\$ _____
			WEIGHT
			_____ LBS/KG.
DATE	RECEIVED IN GOOD CONDITION DATE	RECEIVED IN GOOD CONDITION DATE	

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 WHITE - SHIPPER YELLOW - MFD/INV PINK - MFD/FILE GREEN - CONSIGNEE