COMPLETING AN AIRWAY BILL

bluebird express

US: 866 267 7700
UK: 0870 6003939

6 PART PAPER
PLEASE W RITE FIRMLY

AIRBILL NUMBER
1234567

COMPANY 1		COMPANY 2	
STREET		STREET	WE CANNOT DELIVER TO A
TOWN		TOWN	P.O. BOX NUMBER WITHOUT
POSTCODE		CODE	A TELEPHONE OR FAX NUMBER
COUNTRY		COUNTRY	
SHIPPERS VAT No.		ATTENTION	
SHIPPERS REFERENCE 3		TEL/FAX No.	

No. OF PIECES	WEIGHT	DESCRIPTION OF GOODS	CUSTOMS VALUE
4	5	6	7

SPECIAL INSTRUCTIONS	INSURANCE
8	O YES INSURANCE VALUE £_____ 9
	PROOF OF DELIVERY
DIMENSIONS	SIGNATURE_____
.....X.....X.....Cms .....X.....X.....Cms 10	
.....X.....X.....Cms Volumetric Weight.....KGS	PRINT NAME_____
SHIPPERS SIGNATURE DATE 11	DATE_____
COLLECTED BY BLUEBIRD	TIME AM_____ PM_____
SIGNATURE DATE	

All business undertaken is subject to our trading terms and conditions a copy of which is available on request

1. Your company's full name and address (we can supply pre-printed airway bills with this information).

2. Full delivery address, please note, we cannot deliver to P.O Box unless we have a telephone number to verify the street address. Regular addresses can be pre-printed

3. Your reference or purchase order number, this will be shown on our invoice.

4. Total number of pieces in consignment

5. Total weight of consignment.

6. Full description of goods - a list of model or part numbers is not sufficient.

7. Value declared for customs purposes as shown on your invoice.

8. Any special requirements, i.e., Saturday deliveries and / or different service options, i.e., Road Freight (please call to check the service is available).

9. Please complete if insurance is required. Please check for availability

10. Dimensions of individual pieces in centimetres

11. Please sign and date.