



GLOBAL LOGISTICS INTERNATIONAL
ON TIME. EVERY TIME.
A DIVISION OF GAGAN LOGISTIC, INC.

FOR ASSISTANCE CALL
+1 (844) 7336476 TOLL FREE

WAYBILL NO.

FROM SHIPPER	COMPANY		TO CONSIGNEE		COMPANY		SHIP DATE
	ADDRESS				ADDRESS		ORIGIN CODE
	ADDRESS				ADDRESS		DESTINATION CODE
	CITY / STATE / ZIP		CITY / STATE / COUNTRY / ZIP		BILL CHARGES TO (SHIPPER UNLESS SPECIFIED) <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> THIRD PARTY <input type="checkbox"/> OTHER (SPECIFY)		
	SENDERS NAME	PHONE	ATTENTION	PHONE			
	SHIPPER REFERENCE	SHIPPER ACCOUNT NO.	RECIPIENT REFERENCE	RECIPIENT ACCOUNT NO.			
	INSURED VALUE	DECLARED VALUE - (Subject to Carrier Negligence)	THIRD PARTY		COMPANY		FREIGHT
\$	\$	ADDRESS			PICK UP		
<small>Additional charges apply. Insured value above \$100,000 or a declared value over \$50,000 require prior approval. When no excess value is insured or declared. Liability is limited domestically to \$50.00 or \$.50/LB whichever is greater and Internationally to 17 SDR. Subject to terms and conditions of contract on reverse. Itemized valuationist is required for multiple piece shipments.</small>				ADDRESS		DELIVERY	
SPECIAL INSTRUCTIONS/SERVICES REQUIRED				CITY / STATE / ZIP		DECLARED VALUE FEE	
				AUTHORIZED BY		ACCOUNT NO	INSURANCE FEE
SERVICE	<input type="checkbox"/> SAME DAY <input type="checkbox"/> LETTER <input type="checkbox"/> NEXT DAY <input type="checkbox"/> SECOND DAY <input type="checkbox"/> THIRD DAY <input type="checkbox"/> 3 - 5 DAY						OTHER
	<input type="checkbox"/> FTL <input type="checkbox"/> LOCAL <input type="checkbox"/> SATURDAY <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> OTHER (SPECIFY) _____						ADVANCES
PIECES	LENGTH	WIDTH	HEIGHT	DESCRIPTION OF CONTENTS OR NMFC ITEM NO./CLASS-HAZARDOUS MATERIAL MUST BE NOTED		WEIGHT	SHIPPER'S C.O.D.
	X	X					<input type="checkbox"/> CASHIERS CHECK
	X	X					<input type="checkbox"/> COMPANY CHECK
	X	X					CONDITIONS ON REVERSE APPLY
	X	X					C.O.D. AMOUNT
	X	X					C.O.D. FEE
	X	X					Waiting Time
X				TOTAL PIECES	TOTAL WEIGHT	Lbs	Fuel and Security
RECEIVED BY CONSIGNEE IN GOOD ORDER EXCEPT AS NOTED BY			PRINTED NAME		DATE	TIME	Total \$
SIGNATURE X							
WAYBILL NO.	PICKED UP BY	DATE	TIME	NO. PIECES	LOCATION		
	X				<input type="checkbox"/> DOCK <input type="checkbox"/> FRONT DESK <input type="checkbox"/> OTHER		