

## SHIPPING INSTRUCTIONS MANIFEST

Transaction Number: Date: Shipper No.:

Shipper:

| Numbers Pieces Consignee Type of Service Hand   Saturday Prepaid   Next Day Collect   | dling       |
|---|-------------|
|   | <u> </u>    |
| $\Box$ Next Day $\Box$ Collect  |             |
|   |             |
| □ Next Day AM ACCT.#  |             |
| $\Box 2^{nd}$ Day $\Box$ Consignee 1  | Billing     |
| $\Box$ 3 <sup>rd</sup> Day $\Box$ COD: \$   |             |
| Ground Certified Cl   | heck        |
| Carrier: 🗆 Company C  | Check       |
| Note: Insurance: S  | \$          |
| □ Saturday □ Prepaid  |             |
| $\Box$ Next Day $\Box$ Collect  |             |
| □ Next Day AM ACCT.#  |             |
| $\Box 2^{nd}$ Day $\Box$ Consignee 1  | Billing     |
| $\Box$ 3 <sup>rd</sup> Day $\Box$ COD: \$   |             |
| Ground Certified Cl   |             |
| Carrier: 🗆 Company C  |             |
| Note: Insurance: S  | \$          |
| □ Saturday □ Prepaid  |             |
| $\Box$ Next Day $\Box$ Collect  |             |
| □ Next Day AM ACCT.#  |             |
| $\Box 2^{nd}$ Day $\Box$ Consignee I  | Billing     |
| $\Box 3^{rd} Day \qquad \Box COD: \$$   |             |
| Ground Certified Cl   |             |
| Carrier: Company C  |             |
| Note: Insurance: S  | \$          |
| □ Saturday □ Prepaid  |             |
| $\Box \operatorname{Next} \operatorname{Day} \qquad \Box \operatorname{Collect}$  |             |
| □ Next Day AM ACCT.#  |             |
| $\Box 2^{nd} Day \qquad \Box Consignee I$   | Billing     |
| $\Box 3^{rd} Day \qquad \Box COD: \$$   |             |
| □ Ground □ Certified Cl   |             |
| Carrier:<br>Company C   |             |
| Note: Insurance: S  | \$          |
| □ Saturday □ Prepaid  |             |
| □ Next Day □ Collect  |             |
| $\Box \operatorname{Next} \operatorname{Day} \operatorname{AM} \qquad \operatorname{ACCT.} \#$  |             |
| $\Box 2^{nd} Day \qquad \Box Consignee I$   | Billing     |
| $\Box 3^{rd} Day \qquad \Box COD: \$$   |             |
| Ground Certified Cl   |             |
| Carrier:  |             |
| Note: Insurance: S  | <b>&gt;</b> |
| □ Saturday □ Prepaid  |             |
| $\Box \operatorname{Next} \operatorname{Day} \qquad \Box \operatorname{Collect} \\ \Box \operatorname{Next} \operatorname{Day} \\ \Delta \operatorname{CCT} \#$ |             |
| $\Box \text{ Next Day AM} \qquad \text{ACCT.}\#$  | Dilling     |
| $\Box 2^{nd} Day \qquad \Box Consignee I$   | Billing     |
| $\Box 3^{rd} Day \qquad \Box COD: $   | h a al-     |
| Ground Certified Cl   |             |
| Carrier: Company C<br>Note: Insurance: S  |             |
| Total Pieces: Total Insurance: \$   | Þ           |