



**TOLL FREE**  
800.700.3858

HOUSE AWB NO.

**UNIFORM AIR WAYBILL** NON-NEGOTIABLE

SHIPPER REFERENCE	DATE	CONSIGNEE REFERENCE	PURCHASE ORDER REFERENCE
Your Reference Here	Today's Date	Customer's Reference #	P.O.# or Job #
FROM Shipper's Company Name		TO Company Receiving the Goods	
ADDRESS Shipper's Street Address		ADDRESS Delivery Address	
CITY / STATE / ZIP City, State and Zip		CITY / STATE / ZIP City, State and Zip	
ANY PROBLEMS NOTIFY: Your name and phone number PHONE		ATTENTION Contact at Delivery Location. PHONE PHONE #	
FREIGHT CHARGES (Note: Charges are PREPAID UNLESS MARKED COLLECT) <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> 3RD PARTY BILLING		SPECIAL INSTRUCTIONS	
BILL FREIGHT CHARGES TO: (If different than above) NAME Paying Party - if other than Shipper or Consignee		Include Any Special Instructions Here	
ADDRESS Paying Party Address			
CITY / STATE / ZIP City, State and Zip		FOR INTERNAL ROUTING PURPOSES <input type="text"/>	

<b>COD</b> Amount to Collect as COD \$ _____ AMOUNT	1. The letters COD must appear in box before consignee's name above REMIT COD TO: (If different than above)	NAME Payee of C.O.D. PHONE Payee Phone #
	2. Shipper Select: <input type="checkbox"/> CASHIER'S CHECK ONLY <input type="checkbox"/> CONSIGNEE'S CHECK ONLY	ADDRESS Mailing Address of Payee
	3. COD Fee: <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE	CITY City of Payee STATE State ZIP Zip

NO. PCS.	GROSS WEIGHT	CHARGEABLE WEIGHT	DESCRIPTION OF PACKAGES AND CONTENTS	INTERNAL USE ONLY
1 Skid	3500 lbs		Description of Goods Being Sent Include Total Number of Items (boxes) Being Shipped (IF SHIPPING ON PALLET - INCLUDE WEIGHT OF PALLET)	PICK-UP AIR CHARGES ADVANCE CHARGE DELIVERY INSURANCE SPECIAL DELIVERY/ACCESSORIAL TOTAL CHARGES

DIMENSIONS (CHARGEABLE WEIGHT CALCULATION)				SERVICE REQUESTED (CHECK ONE)	
Length	Width	Height	# of pcs	DOMESTIC <input type="checkbox"/> SECOND DAY HNL ONLY <input checked="" type="checkbox"/> DAY (OUTER ISLAND) <input type="checkbox"/> DEFERRED <input type="checkbox"/> KNOWN <input type="checkbox"/> UNKNOWN	
x	x	x	pcs =		
x	x	x	pcs =		
x	x	x	pcs =		
x	x	x	pcs =		
x	x	x	pcs =		
x	x	x	pcs =		
x	x	x	pcs =		

Continue To List Dimensions of All Items Here

This Section Will Be Completed by DAX Personnel

**INSURANCE**  
 Carrier's liability is limited to \$.50 per lb. unless shipper requests additional valuation coverage (subject to additional charge).  
 Amount of Insurance Coverage  
**VALUATION COVERAGE** \_\_\_\_\_

WEIGHTS ARE SUBJECT TO DIMENSIONAL CORRECTION

TOTAL ÷ 194 (DOMESTIC) =   
 ÷ 166 (INTERNATIONAL) =

SHIPPER SIGNATURE X Your Signature Here	RECEIVED BY DHX BY X DAX Dock Personnel	PIECES RECEIVED Pieces Rec'd	DATE Date Received
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