



P.O BOX 8725  
 BWI AIRPORT, MD 21240  
 NATIONWIDE TOLL FREE: 800.727.1085

PWS HAWB NO.		
DATE	ORIGIN	DESTINATION

WORLDWIDE LOGISTICS SERVICES  
[WWW.PRIORITYWORLDWIDE.COM](http://www.priorityworldwide.com)

For individual office contact information go to: <http://www.priorityworldwide.com/contact>

**SHIPMENT INFORMATION**

SHIPPER		CONSIGNEE	
ADDRESS 1		ADDRESS 1	
ADDRESS 2		ADDRESS 2	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
CONTACT	TEL NO.	CONTACT	TEL NO.
REF 1	REF 2	REF 1	REF 2
CHARGES (PREPAID UNLESS OTHERWISE MARKED) <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> THIRD PARTY		INSURANCE AMOUNT	For limits of carrier liability see reverse side. For information on how to insure your shipment go to: <a href="http://www.priorityworldwide.com/transportation/insure.asp">www.priorityworldwide.com/transportation/insure.asp</a>
BILL TO PARTY NAME		COD AMOUNT	<input type="checkbox"/> COMPANY CHECK <input type="checkbox"/> CERTIFIED CHECK
BILL TO ADDRESS		<b>SPECIAL INSTRUCTIONS (I.E. PACKING/CRATING REQUESTS)</b>	
BILL TO CITY, STATE, ZIP CODE			
CONTACT	TEL NO.		

**SERVICE INFORMATION**

INTERNATIONAL SERVICE TYPE <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> FCL <input type="checkbox"/> LCL <input type="checkbox"/> TRANSBORDER <input type="checkbox"/> DOOR TO DOOR <input type="checkbox"/> DOOR TO AIRPORT	DOMESTIC <input type="checkbox"/> NFO (SAME DAY) <input type="checkbox"/> PRIORITY <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> 2 <sup>ND</sup> DAY <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> 3 <sup>RD</sup> DAY <input type="checkbox"/> SUPER SAVER (3-5 DAY) <input type="checkbox"/> PACKAGING SERVICES
INTERNATIONAL ADDITIONAL INFORMATION <input type="checkbox"/> DIRECT/EXPEDITED SERVICE <input type="checkbox"/> CONSOLIDATED SERVICE <input type="checkbox"/> LETTER OF CREDIT <input type="checkbox"/> INCOTERMS: _____ <input type="checkbox"/> AES NO: _____ <input type="checkbox"/> TAX ID NO: _____ <input type="checkbox"/> EXPORT LICENSE NO: _____ <input type="checkbox"/> CUSTOMS BROKER: _____ <input type="checkbox"/> OTHER: _____	DOMESTIC ADDITIONAL INFORMATION <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY/HOLIDAY <input type="checkbox"/> TRADE SHOW: SHOW NAME _____  BOOTH NO _____ <input type="checkbox"/> OTHER: _____

**SHIPMENT DETAILS**

TOTAL PIECES	TOTAL WEIGHT	SAID TO CONTAIN	PCS	L	W	H	WEIGHT
DESCRIPTION			PCS	L	W	H	WEIGHT
DANGEROUS GOODS			PCS	L	W	H	WEIGHT
<input type="checkbox"/> THIS SHIPMENT CONTAINS DANGEROUS GOODS UN/ID NO. _____			PCS	L	W	H	WEIGHT
<input type="checkbox"/> PASSENGER AIRCRAFT <input type="checkbox"/> CARGO AIRCRAFT 24 HOUR EMERGENCY RESPONSE NO. _____			PCS	L	W	H	WEIGHT
<input type="checkbox"/> THIS SHIPMENT DOES NOT CONTAIN DANGEROUS GOODS			PCS	L	W	H	WEIGHT

**ACCEPTANCE**

SHIPPER SIGNATURE	It is mutually agreed that the goods herein described are accepted in apparent good order (except as noted) for transportation as specified herein, subject to governing classifications and tariffs in effect as of the date hereof which are on file at the carrier's office, copies of which are available for inspection by the parties hereto and are hereby incorporated and made part of the contract.		CONSIGNEE SIGNATURE
RECEIVED BY PRIORITY	DATE/TIME	RECEIVED IN GOOD ORDER EXCEPT AS NOTED	DATE/TIME

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