



754 Foster Avenue
 Bensenville, IL 60106
 Phone: 224-260-0010
 Fax: 224-260-5114
 Email: Operations@airgroundlogisticsinc.com

WAYBILL NUMBER

QUOTE # _____
 PICK-UP DATE _____
 DELIVERY DATE _____

FROM (Pick-up Location)	ACCT#	APC	AREA	TO (Delivery Location)	ACCT#	APC	AREA
-------------------------	-------	-----	------	------------------------	-------	-----	------

PHONE # _____				CONTACT _____				PHONE # _____			
---------------	--	--	--	---------------	--	--	--	---------------	--	--	--

BILL TO	ACCT#	PREPAID	COLLECT	THIRD PARTY	COLLECT C.O.D.
		X			

BILL OF LADING # _____	
PURCHASE ORDER # _____	
CUSTOMER REFERENCE # _____	

SERVICE LEVEL	Standard	REQUESTED DELIVERY DATE	_____	TIME	_____
---------------	----------	-------------------------	-------	------	-------

CHECK BOX IF SHIPMENT CONTAINS DANGEROUS GOODS <input type="checkbox"/>	DECLARED VALUE \$ _____ 0.00 AMOUNT	SHIPPERS C.O.D. \$ _____ 0.00 AMOUNT	FCCOD \$ _____ AMOUNT
---	--	---	--------------------------

PIECES	DESCRIPTION	WEIGHT	DIMENSIONS	CLASS

SPECIAL INSTRUCTIONS

I certify that this cargo does not contain any unauthorized explosives, incendiaries, or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for thirty days.*

Shipper / Representative _____ Date _____

Signature: x _____

Print Name: x _____

THANK YOU FOR USING Air Ground Logistics, Inc.

RECEIVED BY Air Ground Logistics, Inc. DRIVER / AGENT

Driver Signature: _____	Shipper must sign this bill and produce the proper identification. One type of photo ID is acceptable if issued by employer or government. If this cannot be furnished, the TSA requires 2 forms of ID, one of which must be government issued, non-photo. Non Negotiable Airbill	# appearing on ID _____	Matched photo on ID? YES <input type="checkbox"/> NO <input type="checkbox"/>
Print Name: _____		2nd personal ID reviewed: _____	
Date: _____ Time: _____		# appearing on ID _____	Matched photo on ID? YES <input type="checkbox"/> NO <input type="checkbox"/>
No. of Shipments This Stop: _____			

PROOF OF DELIVERY	CONSIGNEE NAME	PIECES
Consignee SIGNATURE REQUIRED X _____	DELIVERING DRIVER'S NAME _____	DATE _____ TIME _____

It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO CONDITIONS OF CONTRACT ON THE REVERSE SIDE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND THE SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPERS ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATIONS OF LIABILITY.
 Shipper may increase such limitation of liability by declaring a higher value for carriage and paying supplemental charge if required.
 * The Terms and Conditions as noted on the reverse side of this Transport Document are not applicable for OCEAN shipments. These shipments will be subject to the Terms and Conditions of the appointed carrier, including Limitation of Liability.