


Shipper's Name and Address	Shipper's Account Number	Not Negotiable Air Waybill Issued by ABX Air, Inc. 145 Hunter Dr. Wilmington, OH 45177
		
Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.		

Consignee's Name and Address	Consignee's Account Number	It is agreed that the goods declared herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE 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 SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.
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Issuing Carrier's Agent Name and City	Accounting Information
Agent's IATA Code	Account No.

Airport of Departure (Addr. of First Carrier) and Requested Routing	Reference Number	Optional Shipping Information
To _____ By First Carrier _____ Routing and Destination _____ to _____ by _____ to _____ by _____	Currency <input type="checkbox"/> CHGS <input type="checkbox"/> WT/VAL <input type="checkbox"/> PPD <input type="checkbox"/> COLL <input type="checkbox"/> Other <input type="checkbox"/> PPD <input type="checkbox"/> COLL	Declared Value for Carriage _____ Declared Value for Customs _____
Airport of Destination	Requested Flight/Date	Amount of Insurance _____ INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance".

Handling Information	SCI
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No. of Pieces RCP	Gross Weight	kg lb	Rate Class	Commodity Item No.	Chargeable Weight	Rate / Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)

Prepaid _____ Weight Charge _____ Collect _____	Other Charges
Valuation Charge _____	I hereby certify that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods. I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and in proper condition for carriage by air according to applicable national governmental regulations.
Tax _____	
Total Other Charges Due Agent _____	
Total Other Charges Due Carrier _____	
Total Prepaid _____ Total Collect _____	----- Signature of Shipper or his Agent
Currency Conversion Rates _____ CC Charges in Dest. Currency _____	----- Executed on (date) _____ at (place) _____ Signature of Issuing Carrier or its Agent
For Carrier's Use only at Destination	Charges at Destination _____ Total Collect Charges _____