



CHICAGO • 312-987-9870
 DALLAS • 214-637-0321
 LOS ANGELES • 323-461-2719
 NEW YORK • 718-392-6686

SAN FRANCISCO • 650-952-9700
 SEATTLE • 425-462-0401
 OTHER CITIES • 800-992-9878

NON-NEGOTIABLE AIRBILL

SHIPPER'S AGENT

6. PICK-UP TIME / DATE PIECES



DRIVER

DATE: _____

F R O M	1. ACCOUNT NUMBER	2. ORIGIN	3. DESTINATION	T O	7. TELEPHONE	8. DECLARED VALUE: \$ _____		
	4. COMPANY NAME				COMPANY NAME		X	
	STREET ADDRESS				STREET ADDRESS			9. PREPAID
	CITY	STATE	ZIP		CITY	STATE		ZIP
5. P.O./REFERENCE NUMBER			ATTENTION		THIRD PARTY			

10. THIRD PARTY NAME	ADDRESS	CITY	STATE	ZIP
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11. NO. PCS.	12. DESCRIPTION	13. WEIGHT	RATE	BASE CHARGE
				9 AM DELIVERY
				PICK-UP
				DELIVERY
				OTHER
				VALUATION CHARGE

14. TYPE OF SERVICE <input type="checkbox"/> OVERNIGHT 9:00 A.M. <input type="checkbox"/> OVERNIGHT A.M. <input type="checkbox"/> OTHER (EXPLAIN) _____				NEXT FLIGHT OUT SAME DAY <input type="checkbox"/> SAT. <input type="checkbox"/> 2nd DAY	<input type="checkbox"/> SUN. <input type="checkbox"/> 3-5 DAY	REMIT TO: 550 W. TAYLOR ST. CHICAGO, IL 60607
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<small>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 RULES CLASSIFICATIONS & TARIFFS IN EFFECT AS OF THE DATE HEREOF WHICH ARE FILED IN ACCORDANCE WITH LAW. SAID RULES CLASSIFICATIONS AND TARIFFS COPIES OF WHICH ARE AVAILABLE FOR INSPECTION ARE HEREBY INCORPORATED INTO AND MADE PART OF THIS CONTRACT. 11</small>	15. RECEIVED BY _____	TIME _____	DATE _____	TOTAL
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SHIPPER'S RECEIPT

Instruction for Filling Out Graf Bill of Lading

Section 1

Shipper Account Number – Enter your Graf Air Freight account number.

Section 2

Shipment City of Origin – Enter the name of the city in which the shipment originates.

Section 3

Shipment City of Destination – Enter the name of the city in which the shipment is destined.

Section 4

Pick-Up Address – Enter the complete address of the shipper.

Section 5

Shipper's P.O./Reference Number – Enter your own P.O and/or internal reference number for billing purposes.

Section 6

Pick-Up Information – To be filled out by Graf Air Freight's driver and/or agent picking up the shipment. The driver or agent will enter his name/number, date and time of pick-up as well as the piece count.

Section 7

Consignee Address – Enter the complete address of the consignee. Please include name and phone number.

Section 8

Declared Value/Insurance – Should you wish to insure shipment beyond the minimum of \$50.00, enter the value of the shipment and contact Graf's customer service representative with the new value.

Section 9

Prepaid Shipment or Third Party Billing – Graf Air Freight doesn't accept collect shipments. Shipment may, however be billed to a third party if they have an open account with Graf Air Freight. In this case, check the "Third

Party” Box and cross out the “Prepaid” Box. If the “Prepaid” Box remains checked, Shipper will be billed at the known billing address.

Section 10

Third Party Billing Address – Enter the complete billing address for shipments requiring third party billing along with their Graf Air Freight Account Number.

Section 11

Piece Count – Enter the total number of pieces that comprise your shipment.

Section 12

Description/Commodity – Enter a description of the type of commodity you are shipping.

Section 13

Weight – Enter the total weight of your shipment.

Section 14

Type of Service – Check the appropriate box that indicates the type of service you desire for the shipment.

Section 15

Consignee’s Signature/Date & Time – Consignee’s signature is required, along with the date and time for proof of delivery purposes.