

# Shipping order

## generated by

Name   
Phone-No.:   
Date

Referenze-No.:   
Customer Order No.:



## Customer

Country

Company   
Street   
ZIP-Code   
City   
Contact   
Phone-No.:   
Customer No.:

## Invoice- Address

Country

Company   
Street   
ZIP-Code   
City   
Customer No.:

## Shipper

Pick up date  pick up time

Country

Company   
Street   
ZIP-Code   
City   
Contact   
Phone-No.:   
Avis yes  no   
Shipper No.:

## Consignee

Delivery date  delivery time

Country

Company   
Street   
ZIP-Code   
City   
Contact   
Phone-No.:   
Avis yes  no   
Consignee-No.:

## additional Information Pick up Address

Site visit yes  no

Local Specials

## additional Information Delivery Address

site visit yes  no

Local Specials

## Shipment

Number of pieces   
Weight / kgs   
Dimensions / cm   
Description of goods

Signature of Customer

Incoterm EXW  CPT  DDP   
Marks   
Insurance no  yes  value   
Currency

## Price Agreement

Conditions   
one-time offer   
special agreement   
Quotation No.: