



UPS Supply Chain Solutions<sup>SM</sup>

# Air Waybill Instructions

2005

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I. Introduction

# USAGE INSTRUCTIONS

Use this Air Waybill form for domestic shipments of any size or value, and international shipments valued at less than U.S. \$2,500. For international shipments over U.S. \$2,500, complete a Shipper's Letter of Instructions. Properly completed paperwork helps us to process and deliver your shipments faster. **Please be sure that all information is complete and accurate.**

Clicking on the Air Waybill's individual sections will take you to a description of what type of information needs to appear in that area when you are completing an actual Air Waybill form.

UPS Supply Chain Solutions FOR INFORMATION OR RATES CALL 1-800-443-6379 www.ups-scs.com

DATE OF SHIPMENT: 25MAY2005

SHIPMENT NUMBER: 300-328-339-3

SHIPMENT BARCODE

**1 FROM - SHIPPER**

Shipper's Account Number: 7 0 2 7 2 5 4 1 7

Shipper's Name: JOHN DOE

Company Name: ABC COMPANY

Address: 123 MAIN STREET

City: ANYTOWN OHIO 43302

Shipper's Reference: 9992345678 ext. 202

**2 TO - CONSIGNEE**

Consignee's Account Number: 9992345678 ext. 101

Consignee's Name: SALLY DOE

Company Name: XYZ COMPANY

Address: 789 MAIN STREET

City: ANYTOWN CALIF 94566

Consignee's Reference: USA

**3 SERVICES**

U.S., Puerto Rico, & Canada:  NEXT FLIGHT  SECOND DAY  10:30  ECONOMY  AM  PREFERRED DELIVERY (To Be Filled Date)  PREFERRED DELIVERY (To Be Filled Date)

International:  EXPRESS  PREFERRED  STANDARD PLUS  STANDARD

**4 SHIPMENT DETAILS**

QUANTITY	DESCRIPTION	WEIGHT	VOLUME
1	ELECTRONIC TESTING EQUIPMENT	150	

TOTAL WEIGHT: 150

**5 METHOD OF PAYMENT**

BILL SHIPPER  SHIPPERS CHECK RECEIVED  BILL TO OTHER UPS ACCOUNT  BILL TO SHIPPER (To Be Filled)

**6 TERMS AND CONDITIONS**

DECLARED VALUE AND LIMITS OF LIABILITY: \$

SHIPPER'S AUTHORIZATION AND SIGNATURE: X

SHIPMENT BARCODE

SHIPMENT NUMBER: 300-328-339-3

SHIPMENT DATE: 25MAY05 22:39 Z

NON-RECEIPTABLE AIR WAYBILL 6001-46 (ISS) LITHO U.S.A. EXECUTIVE OFFICE: Alpharetta, GA 30508



II. Section One

# SHIPPER'S INFORMATION

UPS Supply Chain Solutions  FOR INFORMATION OR RATE CALL 1-800-443-6379 www.ups-scs.com

			
<b>1</b> FROM - SHIPPER		Shipper's Account Number 7 0 2 7 2 5 4 1 7	
<b>1B</b>	From (Your Name) JOHN DOE	<b>1C</b> Phone Number (Very Important) 9992345678 ext. 202	
<b>1D</b>	Company Name ABC COMPANY	Dept. or Floor	
<b>1E</b>	Address 123 MAIN STREET		
	City ANYTOWN	<b>1F</b> State/Prov. OHIO	ZIP/Postal Code (Required) 43302
<b>1G</b>	Shipper's Reference <small>First Thirty Characters Will Appear on Invoice</small>		
	<b>2</b> TO - CONSIGNEE		Consignee's Account Number

## 1A. "ACCOUNT NUMBER"

If you are to receive and pay the invoice (or if you have automatic third party billing), your nine-digit UPS Supply Chain Solutions Account Number must appear in the "Shipper's UPS Supply Chain Solutions Account Number" box.

## 1B. "FROM (YOUR NAME)"

Insert your name (first and last) here.



## 1C. "PHONE NUMBER"

**This is very important.** Please list a phone number where we can reach someone if needed.

## 1D. "COMPANY NAME"

Insert Shipper's Company Name here.

## 1E. "SHIPPER'S ADDRESS"

Insert shipper's **complete address** here.

## 1F. "ZIP/POSTAL CODE"

Please insert shipper's zip/postal code here. This information is required.

## 1G. "REFERENCE NUMBER"

Insert the Shipper's Reference Number here. The first Thirty Characters will appear on the UPS Supply Chain Solutions invoice.



III. Section Two

# CONSIGNEE'S INFORMATION

<b>1G</b>	Shipper's Reference <small>First Thirty Characters Will Appear on Invoice</small>	
	2 TO - CONSIGNEE	<b>2A</b> Consignee's Account Number
<b>2B</b>	Contact Name SALLY DOE	<b>2C</b> Phone Number (Very Important) 9992345678 ext. 101
<b>2D</b>	Company Name XYZ COMPANY	Dept. or Floor
<b>2E</b>	Address <small>UPS Supply Chain Solutions, Inc. Cannot Deliver to PO Box or PO ZIP Codes</small> 789 MAIN STREET	
	City ANYTOWN	<b>2F</b> State/Prov. ZIP/Postal Code (Required) CALIFO 94566
<b>2G</b>	Consignee's Reference <small>First Twenty Characters Will Appear on Invoice</small>	<b>2H</b> Country USA

**SN- 300-328-339-3**      19MAY05 22:36 Z

NON-NEGOTIABLE AIR WAYBILL 60001-46 (5/05) LITHO U.S.A.  
EXECUTIVE OFFICES: Alpharetta, GA 30006

## 2A. "ACCOUNT NUMBER"

If the consignee (receiver of the shipment) is to receive and pay the invoice then the consignee's nine-digit UPS Supply Chain Solutions Account Number must appear in the "Consignee's UPS Supply Chain Solutions Account Number" box.

## 2B. "To (CONTACT NAME)"

Please insert contact (first and last) name.

## 2C. "PHONE NUMBER"

**Important:** please list a phone number where we can reach someone if needed.



## 2D. "COMPANY NAME"

Insert Consignee's Company Name here.

## 2E. "CONSIGNEE'S ADDRESS"

Insert consignee's complete address here.

## 2F. "ZIP/POSTAL CODE"

Please insert consignee's zip/postal code here. This information is required.

## 2G. "CONSIGNEE'S REFERENCE NUMBER"

Insert the Consignee's Reference Number here. The first Twenty Characters will appear on the UPS Supply Chain Solutions invoice.

## 2H. "COUNTRY"

Insert the Consignee's country (Destination Country) here.



IV. Section Three

# SERVICES

**ES**

DATE OF SHIPMENT: 25MAY2005

ORIGIN: [ ]

3 SERVICES		For Definition of Services: See Back of Air Waybill		"X" One Box	
U.S., Puerto Rico, & Canada		International		International	
		Int'l Door-to-Door		Int'l Airport-to-Airport	
<input type="checkbox"/> *NEXT FLIGHT +	<input type="checkbox"/> SECOND DAY	<input type="checkbox"/> EXPRESS	<input type="checkbox"/> *PREFERRED		
<input type="checkbox"/> *09:30	<input type="checkbox"/> ECONOMY	<input checked="" type="checkbox"/> 3 STANDARD PLUS	<input type="checkbox"/> STANDARD		
<input checked="" type="checkbox"/> AM	<input type="checkbox"/> *SATURDAY DELIVERY (To AM Ports Only)	Preferred and Standard Add'l Services			
<input type="checkbox"/>		<input type="checkbox"/> *CUSTOMS CLEARANCE	<input type="checkbox"/> *DELIVERY REQUESTED		

Please mark the appropriate box with an "X" next to the service you want. For U.S. and Canada shipments, if you do not specify the type of service required, your shipment will receive Next Day AM Service where available and will be charged the appropriate rate.





V. Section Four

# SHIPMENT DETAILS

4 SHIPMENT DETAILS			
DIMENSIONS			DESCRIPTION
Pieces	Length	Width	Height
1	22	33	22
ELECTRONIC TESTING EQUIPMENT			
4A			
TOTAL PIECES 1		4B	
TOTAL WEIGHT 150		4C	
		<input checked="" type="checkbox"/> lbs.	4D
		<input type="checkbox"/> kg. (*X one)	TOTAL PIECES
SPECIAL INSTRUCTIONS			
4E			
4F			
HANDLING INSTRUCTIONS			EXTRA CHARGES APPLY
+ REQUIRES ADVANCE AUTHORIZATION. CALL 1-800-443-6379.			
<input type="checkbox"/> GOLD PRIORITY +	<input type="checkbox"/> SPECIAL DELIVERY +	<input type="checkbox"/> ODD +	<input type="checkbox"/> PERISHABLE
<input type="checkbox"/> HOLD FOR PICKUP	<input type="checkbox"/> SSR	<input type="checkbox"/> CONVENTION	<input type="checkbox"/> OTHER
<input type="checkbox"/> CSS +	<input type="checkbox"/> INSIDE DELIVERY +	<input type="checkbox"/> DANGEROUS GOODS	
AUTH/ CONF #	4G		
INTERNATIONAL ONLY			
INTERNATIONAL CUSTOMER (Specify Currency)	\$	INTERNATIONAL RESIP (Specify Currency)	\$
4H		4I	
CONSIGNEE ID # FOR CUSTOMS (IGT/WFO/WAT or as Req'd by local Customs)	HARMONIZED CODE	COUNTRY OF MANUFACTURE	



#### 4A. "DESCRIPTION"

A description should be given for all shipments. Dangerous Goods or other restricted or high value commodities **must** be described in this section.

#### 4B. "TOTAL PIECES"

Please indicate the total number of packages in your shipment.

#### 4C. "TOTAL WEIGHT"

Indicate the total weight of your shipment, and mark "X" in the appropriate pounds or kilos box.

#### 4D. "SKID INFORMATION"

If your shipment is palletized, please indicate the number of skids and the total number of pieces of the shipment.

#### 4E. "SPECIAL INSTRUCTIONS"

Please list any special handling instructions in this space.

#### 4F. "HANDLING INSTRUCTIONS"

Mark the appropriate box with an "X" next to your special handling requirement, if applicable.

#### 4G. "AUTHORIZATION/CONFIRMATION NUMBER"

Please insert any authorization/confirmation number given to you by UPS Supply Chain Solutions personnel. This authorization/confirmation number is very important as it will ensure billing accuracy.

#### 4H. "INTERNATIONAL CUSTOMS VALUE"

For shipments that are destined to another country (Non-U.S.) or Puerto Rico, enter the selling price or replacement cost (even if not sold or for resale). Please specify the currency of this Customs Value.



#### 4I. "INTERNATIONAL INSURANCE"

If you would like shipper's interest insurance for your international shipments, please indicate the amount (**Specify Currency**) you require. This insures your shipment against all risk of loss or damage in transit charge based on the amount of insurance requested will be assessed (See UPS Supply Chain Solutions Terms and Conditions of Contract). This is not available for shipments originating and destined within the U.S., or to Puerto Rico, or to Canada.

#### 4J. "CONSIGNEE ID NUMBER FOR CUSTOMS"

Please insert the consignee's GST/RFC/VAT identification number (or as required by local Customs) here.

#### 4K. "HARMONIZED CODE"

Insert the Harmonized Code of the shipment here.

#### 4L. "COUNTRY OF MANUFACTURE"

Please indicate the name of the country in which the shipment was actually manufactured.



VI. Section Five

## METHOD OF PAYMENT

SHIPMENT NUMBER 300-328-339-3



**5 METHOD OF PAYMENT** If No Form of Payment is Checked, the Shipper Shall Be Liable for Charges:

<input checked="" type="checkbox"/> BILL SHIPPER	<b>5A</b>	<input type="checkbox"/> BILL CONSIGNEE
<input type="checkbox"/> SHIPPER'S CHECK RECEIVED		<input type="checkbox"/> FREE DOMICILE (Int'l Only)
<input type="checkbox"/> BILL THIRD-PARTY UPS-ACCOUNT	<b>5B</b>	
<input type="checkbox"/> CCL (19-Character CCL of Retailer)	<b>5C</b>	

### 5A. METHOD OF PAYMENT

Please indicate the proper form of payment by marking the appropriate box with an "X". For Free Domicile shipments, please mark the appropriate box with an "X" if you would like all charges (including customs duty and clearance fee) for your international shipment to be billed to the shipper. **If no form of payment is indicated, the Shipper shall be liable for the charges.**



## 5B. "THIRD PARTY BILL"

For Third Party Billing, mark the appropriate box with an "X" and insert the Third Party's UPS Supply Chain Solutions nine digit Account number in the space provided.

## 5C. "GBL BILLING"

For Government Bill of Lading shipments, mark the appropriate box with an "X" and insert the eight character GBL number in the space provided.



VII. Section Six

# TERMS AND CONDITIONS

<b>6</b> <b>TERMS AND CONDITIONS</b>			
I/we agree that UPS Supply Chain Solutions, Inc. ("UPS") Terms and Conditions of Contract ("Terms") as set forth on the front and reverse hereof apply to this shipment. <b>6A</b>			
<b>CHECK TO SHIPPER</b>		UPS will collect Consignee's check in the amount shown at left, and Shipper assumes all related risks, including, but not limited to, non-payment, fraud and misrepresentation.	
ONLY IN U.S. OR CANADA			
\$ <b>6B</b>			
<b>DECLARED VALUE AND LIMITS OF LIABILITY</b>		*DECLARED VALUE	
		\$ <b>6C</b>	
UPS LIABILITY SHALL BE LIMITED TO THE HIGHER OF \$50 PER SHIPMENT OR \$.50 PER POUND OF CARGO LOST OR DAMAGED, UNLESS YOU SPECIFY A HIGHER AMOUNT IN THE DECLARED VALUE BOX. IF THIS SHIPMENT INVOLVES INTERNATIONAL TRANSPORTATION, UPS LIABILITY FOR CARGO LOST, DAMAGED OR DELAYED SHALL BE LIMITED TO \$9.07 PER POUND, UNLESS THE MONTREAL PROTOCOL, NO. 4 OF 1975 GOVERNS THE SHIPMENT IN WHICH CASE OUR LIABILITY SHALL BE LIMITED TO 17 SPECIAL DRAWING RIGHTS PER KILOGRAM, UNLESS YOU SPECIFY A HIGHER AMOUNT IN THE DECLARED VALUE BOX. UPS SHALL IN NO EVENT BE LIABLE FOR ANY SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES. For international and Canadian shipments, Exporter understands that commercial invoices and other special documents may be required, and authorizes UPS to act as Forwarding Agent for export control and customs purposes.			
Time Rec'd	Date Rec'd	Route No.	Employee ID #
GOODS RECEIVED AT: <input type="checkbox"/> Shipper's Door <input type="checkbox"/> Service Center <input type="checkbox"/> Carrier Advance <input type="checkbox"/> Consignee <input type="checkbox"/> Residence <input type="checkbox"/>			
<b>SHIPPER'S AUTHORIZATION AND SIGNATURE</b>			
X <b>6D</b>			Date





## 6A. INSTRUCTIONS

Please review the UPS Supply Chain Solutions Terms and Conditions of Contract which apply to your shipment as set forth on the front and reverse sides of the UPS Supply Chain Solutions Air Waybill.

## 6B. "CHECK TO SHIPPER"

**Available for shipment originating and destined to the U.S., Puerto Rico, and Canada only.** If you want us to obtain a check from the consignee for the cost of your goods, indicate the amount here. For shipments to Canada, indicate whether the check is to be payable in U.S. or Canadian dollars. We will obtain and mail to you only company or personal checks made payable to the shipper and bear no responsibility or liability with respect to their payment. All risk related to consignee's check shall be assumed by the shipper, including but not limited to, non-payment, fraud or misrepresentation. For complete details on your Check To Shipper program, please refer to the UPS Supply Chain Solutions Terms and Conditions of Contract.

## 6C. "DECLARED VALUE AND LIMITS OF LIABILITY"

The liability of UPS Supply Chain Solutions for the shipment is limited to its standard liability coverage unless you declare a higher value by entering such higher value in the Declared Value Box. An additional charge will be assessed. (See UPS Supply Chain Solutions Terms and Conditions of Contract).

## 6D. "AUTHORIZATION AND SIGNATURE AND DATE"

Once the Air Waybill has been fully completed and you agree with UPS Supply Chain Solutions' Term and Conditions of Contract, please sign and date next to the "X" on the line provided.