

Please fill all fields as this is a custom document

Canada Logistics Inc. TEL: 613-366-2133

PACKING LIST/ BILL OF LADING INSTRUCTIONS

SHIPPER NAME & ADDRESS	RECEIVER NAME & ADDRESS
Email:	Email:
Tel:	Tel:
Origin Port/Airport:	Dest Port/Airport:

Air way Bill / Bill Of Lading Number: _____

Box No:	Dimensions:	Weight	Dimensional Weight	Description	Customs Value

Total Boxes:	Weight:	Dim Weight:
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Customer Signature: _____