ZAZ EXPRESS

MANIFEST #
ORDERS:

1 416 732 3664
bemailzaz@gmail.com
www.zazexpress.ca

PICKUP FROM

☐ BILL SHIPPER COMPANY NAME (CONSIGNOR)

ADDRESS

CITY POSTAL CODE

PHONE

NOTE

DELIVERY TO

☐ BILL CONSIGNEE COMPANY NAME (CONSIGNEE)

ADDRESS

CITY POSTAL CODE

PHONE

NOTE

DATE

PIECES	WEIGHT	☐ LB ☐ KG	DIMENSIONS

SECURITY DECLARATION

I declare that this shipment contains no unauthorized explosives, incendiaries, hazardous materials, or prohibited items. I understand the cargo may be opened or inspected by authorized security personnel or government agencies. I accept full responsibility for the accuracy and legality of this declaration and understand false statements may lead to legal action or penalties.

SHIPPER'S SIGNATURE DATE

FULL DESCRIPTION OF CONTENTS

SPECIAL INSTRUCTIONS

REFERENCE:

☐ INSURANCE REQUIRED ☐ USD

DECLARED VALUE: ☐ CAD

Liability for loss or damage to this shipment is limited. Please review the Conditions of Contract for more details.

☐ BILL THIRD PARTY

ACCOUNT #

NOTE: THIRD PARTY OR COLLECT BILLING WILL BE REVERTED TO SHIPPER IF OUR CREDIT TERMS ARE EXCEEDED.

POD

SIGNATURE OF CONSIGNEE	PRINT FULL NAME	DATE	TIME

NOTE