CONTAINER DELIVERY ORDER

From [Company Name] [Address] [Phone]	Export	
	Master No.	
	AWB no.	
	Quantity	
To [Company Name] [Address] [Phone]	Volume Weight	
	Invoice No.	
	Amount:	
Order Booking Date:	Expected Date:	

Shipping Details	
Mode of Transport Sea/Air/Mail	
Voyage No.	
Place of Landing	
Place of discharge	

Container and Packing Information			
S.No	Type of Package	Container No	Container Status

Warning :