


Shipper 寄貨人 Consignee (If Order state Notify Party) 收貨人 Notify Party 通知人		SHIPPING ORDER		Export Licence No. <hr/> S/O No. <hr/> Consol Code No.																																
		 GREAT TRANS LOGISTICS (HK) LIMITED Tel: 27979927 Fax: 23323670 Agents																																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Freight Payable</td> <td style="width:15%;">Nos. Orig Bs/L</td> <td style="width:15%;">Place of Receipt</td> <td colspan="2">Booking Accepted by :</td> </tr> <tr> <td colspan="3"></td> <td colspan="2">(Line not responsible)</td> </tr> <tr> <td>Vessel / Voyage 船名/ 航次</td> <td>Port of Loading 裝貨港</td> <td colspan="3">For office use only</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;"><input type="checkbox"/> STUFFING</td> <td style="text-align: center;"><input type="checkbox"/> T/L</td> <td style="text-align: center;"><input type="checkbox"/> MH</td> </tr> <tr> <td>Port of Discharge 卸貨港</td> <td>Containerbase/Final Dest., if on carriage</td> <td style="text-align: center;"><input type="checkbox"/> CY-CY</td> <td style="text-align: center;"><input type="checkbox"/> CFS-CFS</td> <td style="text-align: center;"><input type="checkbox"/> FSC</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;"><input type="checkbox"/> CY-CFS</td> <td style="text-align: center;"><input type="checkbox"/> CFS-CY</td> <td style="text-align: center;"><input type="checkbox"/> BREAK BULK</td> </tr> <tr> <td colspan="2"></td> <td colspan="3" style="text-align: center;"><input type="checkbox"/> PALLETIZED</td> </tr> </table>		Freight Payable	Nos. Orig Bs/L	Place of Receipt	Booking Accepted by :					(Line not responsible)		Vessel / Voyage 船名/ 航次	Port of Loading 裝貨港	For office use only					<input type="checkbox"/> STUFFING	<input type="checkbox"/> T/L	<input type="checkbox"/> MH	Port of Discharge 卸貨港	Containerbase/Final Dest., if on carriage	<input type="checkbox"/> CY-CY	<input type="checkbox"/> CFS-CFS	<input type="checkbox"/> FSC			<input type="checkbox"/> CY-CFS	<input type="checkbox"/> CFS-CY	<input type="checkbox"/> BREAK BULK			<input type="checkbox"/> PALLETIZED
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Marks, Nos. and Container No. ; No. and Kind of Packages ; Description of Goods 箱唛及編號 件數包裝種類 及貨物名稱		Gross Wt. (Kilos) 重量	Meast. (Cbm) 尺碼	Office Use																																

Above details declared by shipper. Charges will be imposed for any request for B/L amendment after departure.

請經以下傳真機，提供造單資料給我司
FAX : 23323670