

Your Company
logo

Member To Member Routing Order Air

To Date
Attn From
Re Priority

Dear Fellow Member,
We have the following routing order being allocated to you for follow up.

Ref. No.

Consignee Shipper
Tel Tel
Fax Fax
Contact Contact
Terms Delivery Date
Origin Destination
Commodity
Weight Volume

Rates Sold								
Rates Agreed	CURR	MIN	+45	+100	+300	+500	+1000	F/S

ALL COSTS ARE SUBJECT TO CONFIRMATION AT TIME OF BOOKING

Remarks / Special Instructions

Please refer to the Membership Agreement for more information.

You are kindly requested to sign and return this form (retaining a copy for yourselves). By signing this Routing Order you are nominated by us as our agent to provide professional services to our named client. You acknowledge that the above named Shipper is a client of our company and the rates shown above are pre-negotiated and agreed by us. Should the shipping terms OR terms of business change at any time in the future, OR IF YOU ARE APPROACHED BY ANOTHER AGENT, you agree to inform us immediately.

Best Regards,

Signature / Company Stamp