

[Empty box for additional information]

DATE **1** OUR REF. NO.

THE MERCHANDISE DESCRIBED BELOW
WILL BE ENTERED AND FORWARDED
AS FOLLOWS:

IMPORTING CARRIER 2		LOCATION 3		FROM PORT OF/ORIGIN AIRPORT 4	
B/L OR AWB NO. 5	ARRIVAL DATE 6	FREE TIME EXP 7	LOCAL DELIVERY OR TRANSFER BY (DELIVERY ORDER ISSUED TO) 8		
DELIVER TO 12			HAWB NO. 9	ENTRY NO. 10	CUST. REF. NO. 11
FOR DELIVERY TO			ROUTE		
12			13		

NO. OF PKGS. 14	DESCRIPTION OF ARTICLES, SPECIAL MARKS & EXCEPTIONS 15	WEIGHT 16	DO NOT USE 17
	SAMPLE		

ORIGINAL DELIVERY ORDER

INLAND FREIGHT

PREPAID COLLECT **18**

Received in Good Order **19**
By: _____

PER: _____

DELIVERY CLERK: DELIVER
TO CARRIER SHOWN ABOVE

Form 16-735 Printed and Sold by UNZCO 1-800-631-3098 • www.unzco.com

Instructions for completing the Delivery Order

- 1. Date of form preparation**
- 2. Enter the name of the importing carrier, shipping line, or air line as applicable.**
- 3. Enter the location of the port of entry.**
- 4. Enter the shipment city and state or country** of the port of origin or airport name and location.
- 5. Enter bill of lading or air waybill number** of the shipment.
- 6. Specify the scheduled date of arrival** at the seaport or airport.
- 7. Enter estimated expiration date of “free time” period** before storage charges are assessed.
- 8. Specify name of local delivery or cartage agent** if applicable.
- 9. Enter the house air waybill number** for airfreight shipments.
- 10. Enter the Customs Entry Number** if applicable.
- 11. Enter the customer reference number** specified by the shipper.
- 12. Enter the complete delivery name and address of the consignee** (recipient) of the freight.
- 13. Specify the carrier’s, forwarder’s, or agent’s delivery routing.**
- 14. Enter the total number of packages** to be delivered.
- 15. Enter the description of the freight** to include packaging and contents.
- 16. Enter the gross weight of the shipment** (indicate whether pounds or kilograms).
- 17. Leave this column blank.**
- 18. Specify if the shipment is freight prepaid or collect.**
- 19. Consignee signature** to verify delivery.