



Shipper:		Shippers Reference:																																
Consignee:		Consignee Order Number:																																
Notify Party if different from Consignee																																		
No of Packages	Dimensions	Description of Goods																																
Gross Weight																																		
Special Handling Instructions	Marks & Numbers																																	
Incoterms * (EXW,FOB,CIF,DDP,etc)	Incoterm Total Value	Currency	State of Manufacture for for Australian Goods	Country of Origin for Foreign Manufactured Goods																														
Port of Loading	Port of Final Destination	Vessel & Voyage																																
Are you goods covered by the Customs Prohibited Export Regulations or another export regulation such as Export Control Act ?		WOODEN PACKAGING - International Plant Protection Convention. Does your Wooden Packaging conform to ISPM15																																
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>																																
Payment Instructions (Please Tick box)		Instructions (Please tick box)																																
<table style="width:100%; border:none;"> <tr> <td style="width: 40%;"></td> <td style="text-align:center;">Prepaid</td> <td style="text-align:center;">Collect</td> </tr> <tr> <td>Local Australian Charges</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Freight Charges</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Destination Charges</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>			Prepaid	Collect	Local Australian Charges	<input type="checkbox"/>	<input type="checkbox"/>	Freight Charges	<input type="checkbox"/>	<input type="checkbox"/>	Destination Charges	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width:100%; border:none;"> <tr> <td style="width: 60%;">Does your Shipment Contain Dangerous or Hazardous Goods</td> <td style="text-align:center;">Yes</td> <td style="text-align:center;">No</td> </tr> <tr> <td></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">If Yes please provide fully completed MO41</td> </tr> <tr> <td>Do you require AGS to pick-up your Goods ?</td> <td style="text-align:center;">Yes</td> <td style="text-align:center;">No</td> </tr> <tr> <td></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">If Yes, When and Where</td> </tr> </table>			Does your Shipment Contain Dangerous or Hazardous Goods	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	If Yes please provide fully completed MO41			Do you require AGS to pick-up your Goods ?	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	If Yes, When and Where		
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	<input type="checkbox"/>	<input type="checkbox"/>																																
If Yes, When and Where																																		
What Type of Bill of Lading is required ? (Please Tick Box) Express <input type="checkbox"/> Original <input type="checkbox"/>																																		

I hereby certify that I am aware of and accept that the shipment particulars on the face hereof are correct

Name:	Signed	Date
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Please ensure a copy of Commerical Invoice accompanies this SLI

N.B. All Business is transacted in accordance with our standard trading terms and conditions a copy of which is available upon request.

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