



PLATINUM
CARGO LOGISTICS, INC.

Corporate Headquarters:
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DATE	ORIGIN							
ACCOUNT NO.		SHIPPER'S REFERENCE NO. (WILL APPEAR ON INVOICE)			ACCOUNT NO.		CONSIGNEE'S REFERENCE NO. (WILL APPEAR ON INVOICE)	
FROM		TO						
<p>I certify that this cargo does not contain any unauthorized explosives, incendiaries, stowaways, or destructive substances or items. I consent to a search of this cargo. I am aware that this endorsement and original signature along with other shipping documents, will be retained on file for at least 30 days from the date the cargo was tendered. A presentation of identification for verification is now a Federal requirement for acceptance of this shipment. At least one ID must be issued by a Government Authority.</p>				ID Type: _____ ID Number: _____ Expiration date: _____		Photo ID Match? <input type="checkbox"/> Yes <input type="checkbox"/> No (circle one)		
Signature of Shipper or it's Agent _____ Print Name _____ Date _____				Cargo items tendered for air transportation are subject to Federal Security Controls by air carriers and when appropriate other government regulations. Copies of all relevant shipping documents showing cargo's consignee, description and other relevant data will be retained on file until the cargo completes its air transportation.		DECLARED VALUE INSURED VALUE		
BILL TO THIRD PARTY BILLING (IF CHARGES ARE TO BE PAID BY SOMEONE OTHER THAN THE SHIPPER OR CONSIGNEE)				CARRIERS LIABILITY LIMITATION: Unless a value is declared, the carrier's liability is limited to \$0.50 per pound, or \$50.00 per shipment for Domestic and \$9.07 per pound (\$20.00 per kilogram) or \$50.00 per shipment for International, whichever is greater.		\$ _____ \$ _____		
				THIRD PARTY ACCT NO. _____ THIRD PARTY REFERENCE NO. _____		PREPAID COLLECT THIRD PARTY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
								IF NO PAYMENT TYPE IS CHECKED, SHIPPER WILL BE BILLED FOR THE CHARGES Subject to terms and conditions on reverse side
PIECES	DESCRIPTION	ACTUAL WEIGHT	DIMENSIONS			DIM WEIGHT	RE-WEIGH	SHIPPER'S C.O.D. \$ _____
			L	W	H			CHECK FORM OF PAYMENT <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/> COMPANY CHECK
CARGO INSPECTION		SPECIAL INSTRUCTIONS						
<input type="checkbox"/> If checked, the cargo has been opened and physically inspected _____ piece(s) to ensure that it does not contain an unauthorized person, explosive, incendiary, or other destructive substance or item the commodity information is determined to be missing or inaccurate.		Declared Value Per Item: 1. _____ 2. _____ 3. _____						
RECEIVED BY		CONSIGNEE'S SIGNATURE (RECEIVED IN GOOD CONDITION EXCEPT AS NOTED)				PRINT NAME		
DATE	TIME	DATE	PRINT CONSIGNEE NAME			TIME		
		SERVICE TYPE REQUESTED <input type="checkbox"/> NEXT FLIGHT EXPEDITE <input type="checkbox"/> NEXT DAY <input type="checkbox"/> SECOND DAY <input type="checkbox"/> THIRD DAY <input type="checkbox"/> DEFERRED (4-5 DAY) <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> OTHER: _____						

SHIPPER'S COPY