



MonteView t/a Dropit
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D.T.

07347

DROP IT COURIER SERVICES
WAYBILL (Computer)

File No.

Origin

Date

Destination

Shipper's Account number

Shipper's Reference number

To: (Recipient's Name)

Their Phone Number:

Shipper (Your Name)

Your Phone Number:

Company Name:

Company Name:

Street Address: (P.O. Boxes are not deliverable) Dept/Floor

Street Address (Dept/Floor)

City:

Postal Code:

City:

Country:

Postal Code:

SPECIAL INSTRUCTIONS (ADDITIONAL SERVICES (PLEASE SPECIFY))

Description of Contents:

FREIGHT CHARGE

OTHER

INTERNATIONAL SERVICES

COURIER DOCUMENT EXPRESS

REMAIL

COURIER PARCEL EXPRESS

AIRFREIGHT

Dimensions in Centimetres (cm's)

Insurance Value

INSURANCE

SAME DAY SURCHARGE

TOTAL EXCL. VAT

VAT

TOTAL

INCL. VAT

OTHER

HAZARDOUS CARGO?

YES NO

SATURDAY DELIVERY REQUIRED?

YES NO

INSURANCE REQUIRED?

YES NO

WE HAVE SEEN AND AGREE TO THE STANDARD CONDITIONS OF CARRIAGE OF DROP IT

SIGNATURE

PRINT NAME

RECEIVED BY

DROP IT

SIGNATURE

PRINT NAME

DATE

TIME

RECEIVED IN GOOD ORDER AND CONDITION

SIGNATURE

PRINT NAME

DATE

TIME

PARCEL STICKERS

Qty
100
1
2
1
1

Signature confirms:

1. That the goods received are the goods ordered as they were specified in the order.
2. That Giftwrap complied with the terms and conditions as set out in it's quotation accepted by the client.
3. That the goods have been received in good order.

For Office use only

Stock checked by: _____

Send with courier / client: _____

9 x items

spikes was checked.