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VANCITY WAYBILL

DATE	ACCOUNT NUMBER	SHIPPER REFERENCE
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SHIPPER	RECEIVER
COMPANY NAME	COMPANY NAME
SHIPPER NAME	SHIPPER NAME
STREET	STREET
STREET (2ND LINE)	STREET (2ND LINE)
CITY/PROVINCE	CITY/PROVINCE
COUNTRY/POSTAL CODE	COUNTRY/POSTAL CODE
TELEPHONE	TELEPHONE
EMAIL (PROOF OF DELIVERY)	EMAIL (PROOF OF DELIVERY)

SHIPMENT DETAILS			
# OF PIECES	DIMENSIONS (INCHES) / DESCRIPTION	UNIT PRICE (CAD\$)	WEIGHT (LBS)

DOES THIS SHIPMENT CONTAIN DANGEROUS GOODS? YES NO

SERVICE TYPE (SELECT ONE)	SPECIAL INSTRUCTIONS	DECLARED VALUE
<input type="checkbox"/> SUPER PANIC <input type="checkbox"/> HOT <input type="checkbox"/> RUSH <input type="checkbox"/> REGULAR <input type="checkbox"/> ECONO <input type="checkbox"/> OVERNIGHT <input type="checkbox"/> RETURN		

SHIPPER SIGNATURE	DRIVER NUMBER	PICKUP TIME
RECEIVED BY	DELIVERY DATE	DELIVERY TIME