


Shipper :		 東方物流		Export Licence No.		
Contact person : Telephone No. :                      Fax No.:				S/O No.		
Consignee (If Order state Notify Party) :		<p style="text-align: center;"><b>SHIPPING ORDER</b></p> <p style="text-align: center;">(sea freight and trucking service)</p> <p style="text-align: center;">Oriental Logistics Express Co., Ltd.          Oriental Logistics Centre, 1-11, Ka Ting Road,          Kwai Chung, N.T., Hong Kong.          Tel: (852) 2541 3337          Fax: (852) 3579 7459</p>				
Notify Party :						
Freight Payable Collect / Prepaid	Nos. Orig. Bs/L	Place of Receipt				
Vessel/Voyage		Port of Loading	CY-CY <input type="checkbox"/>	CFS-CFS <input type="checkbox"/>	FSC <input type="checkbox"/>	BREAK BULK <input type="checkbox"/>
			CY-CFS <input type="checkbox"/>	CFS-CY <input type="checkbox"/>	RO-RO <input type="checkbox"/>	PALLETIZES <input type="checkbox"/>
Port of Discharge		Place of Delivery	Final Destination ( of the goods-not the ship)			
Marks and Numbers Number of Containers or packages	Kind of packages : Description of goods		Gr.Weight ( KGS )	Measurement ( CBM )		
散貨交倉地址 :          CLOSING DATE : CLOSING TIME :						