



SHIPPING INSTRUCTIONS MANIFEST

A.N. DERINGER, INC.

Shipper _____

Date _____

REFERENCE NUMBERS	NO. OF PKGS.	CONSIGNEE	TYPE OF SERVICE	DELIVERY AND SPECIAL HANDLING <i>Check Services Required</i>	
			<i>CHECK ONLY ONE BOX</i> <input type="checkbox"/> Next Day Air <input type="checkbox"/> 2nd Day Air <input type="checkbox"/> 3rd Day Air <input type="checkbox"/> Ground	<input type="checkbox"/> Best Way <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Consignee Billing <input type="checkbox"/> Insurance \$ _____	<input type="checkbox"/> C.O.D. \$ _____ Collect: <input type="checkbox"/> Cash/Certified Check <input type="checkbox"/> Company Check C.O.D. Fee: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect
			<i>CHECK ONLY ONE BOX</i> <input type="checkbox"/> Next Day Air <input type="checkbox"/> 2nd Day Air <input type="checkbox"/> 3rd Day Air <input type="checkbox"/> Ground	<input type="checkbox"/> Best Way <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Consignee Billing <input type="checkbox"/> Insurance \$ _____	<input type="checkbox"/> C.O.D. \$ _____ Collect: <input type="checkbox"/> Cash/Certified Check <input type="checkbox"/> Company Check C.O.D. Fee: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect
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