



Co. Reg. No. 1975/001234/07

**WAYBILL REQUISITION**

DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**Kindly complete your requirements for your preprinted waybill**

<b>(A) TO COMPANY</b>	
ADDRESS	Postal code: must be filled in
CITY	
CONTACT	
TEL No/ CELL No:	

<b>(B) FROM COMPANY</b>	
ADDRESS	Postal code: must be filled in
CITY	
CONTACT	
TEL No/ CELL No:	

**(C) Insert account number**

**Please complete block A, B and C**

Number of waybills required	<input type="text" value="10"/>	<input type="text" value="20"/>	<input type="text" value="30"/>	<input type="text" value="Other"/>
Number of flyer bags required	<input type="text" value="10"/>	<input type="text" value="20"/>	<input type="text" value="30"/>	<input type="text" value="Other"/>
Number of protect a doc's required	<input type="text" value="10"/>	<input type="text" value="20"/>	<input type="text" value="30"/>	<input type="text" value="Other"/>

\_\_\_\_\_  
Name of authorised person

\_\_\_\_\_  
Date

**CUSTOMER CARE NUMBER: 0860 104 778  
EMAIL: info@airfreightafrica.co.za**