



Co. Reg. No. 1975/001234/07

WAYBILL REQUISITION

DATE: _____

COMPANY: _____

Kindly complete your requirements for your preprinted waybill

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

(B) FROM COMPANY	
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**