TRANSPORTATION SERVICES ORDER CONTINUATION SHEET	ORIGINAL	ORIGINAL TSO NO. / BL NO. SHEET NO.

ISSUING OFFICE (Name & complete address, phone & fax numbers)

PACKAGES		HM	DESCRIPTION OF ARTICLES (Use carrier's classification or tariff description if possible; otherwise use a clear nontechnical description.)	WEIGHT* (Pounds only)	FOR USE OF BILLING CARRIER ONLY			
NO	KIND				SERVICES	RATE	CHARGES	
		☐						
		☐						
		☐						
		☐						
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*Show also cubic measurements for shipments via air, truck or water carrier in cases where required.