

SHIPPING INSTRUCTIONS MANIFEST

Shipper

A.N. DERINGER, INC.

Date

REFERENCE NUMBERS	NO. OF PKGS.	CONSIGNEE	TYPE OF SERVICE	DELIVERY AND SPECIAL HANDLING Check Services Required	
	-		CHECK ONLY ONE BOX CHECK ONE BOX	Best Way UPS FedEx Other: Prepaid Collect Consignee Billing Insurance \$	C.O.D. \$ Collect: Cash/Certified Check Company Check C.O.D. Fee: Prepaid Collect
	-		CHECK ONLY ONE BOX CHECK ONE BOX CHEC	Best Way UPS FedEx Other: Prepaid Collect Consignee Billing Insurance \$	C.O.D. \$ Collect: Cash/Certified Check Company Check C.O.D. Fee: Prepaid Collect
	-		CHECK ONLY ONE BOX CHECK ONE BOX	□ Best Way □ UPS □ FedEx □ Other: □ □ Prepaid □ Collect □ Consignee Billing □ Insurance \$	C.O.D. \$ Collect: Cash/Certified Check Company Check C.O.D. Fee: Prepaid Collect
	-		CHECK ONLY ONE BOX Next Day Air 2nd Day Air 3rd Day Air Ground 	Best Way UPS FedEx Other: Prepaid Collect Consignee Billing Insurance \$	C.O.D. \$ Collect: Cash/Certified Check Company Check C.O.D. Fee: Prepaid Collect
	-		CHECK ONLY ONE BOX CHECK ONE BOX	Best Way UPS FedEx Other: Prepaid Collect Consignee Billing Insurance \$	C.O.D. \$ Collect: Cash/Certified Check Company Check C.O.D. Fee: Prepaid Collect
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			CHECK ONLY ONE BOX Next Day Air 2nd Day Air 3rd Day Air Ground 	□ Best Way □ UPS □ FedEx □ Other: □ Prepaid □ Collect □ Consignee Billing □ Insurance \$	C.O.D. \$ Collect: Cash/Certified Check Company Check C.O.D. Fee: Prepaid Collect