CONTAINER DELIVERY ORDER

From	amal	Export		
[Company Name] [Address] [Phone]	amej	Master No.		
		AWB no.		
		Quantity		
To [Company Name] [Address] [Phone]	amel	Volume Weight		
	amej	Invoice No.		
		Amount:		
Order Booking Date:		Expected Dat	Expected Date:	
Shipping D	etails			
Mode of Tr	ansport Sea/Air/Ma	il		
Voyage No	3			
Place of La	nding			
Place of dis	scharge			
		111		
Container	and Packing Inform	nation		
S.No	Type of Package	Container No.	Container Status	