



NATIONAL CALL CENTRE
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 Reg. No. 2013/197995/07

WAYBILL NUMBER

BILLING COPY
B

1 FROM - SENDER'S NAME		CELL NUMBER (VERY IMPORTANT)	2 TO - RECEIVER'S NAME		CELL NUMBER (VERY IMPORTANT)
COMPANY NAME		PHONE NUMBER (VERY IMPORTANT)	COMPANY NAME		PHONE NUMBER (VERY IMPORTANT)
EXACT STREET ADDRESS			EXACT STREET ADDRESS		
EXACT STREET ADDRESS			EXACT STREET ADDRESS		
SUBURB		PROVINCE	SUBURB		PROVINCE
CITY		POST CODE	CITY		POST CODE

3 SERVICES		ADDITIONAL SERVICES	4 INSURANCE		5 SENDERS DETAILS	
Truck & Bakkie Hire <input type="checkbox"/>	Extra Labour <input type="checkbox"/>	Sleep-Outs <input type="checkbox"/>	MARK WITH AN X IN THE BELOW BLOCK REQUIRED <input type="checkbox"/> DECLINED <input type="checkbox"/>		ACCOUNT NO. <input type="text"/> QUOTE REF. NO. <input type="text"/>	
Furniture Removals <input type="checkbox"/>	Public Holidays <input type="checkbox"/>	Tender / Passport <input type="checkbox"/>	DECLARED VALUE R _____ (MUST DECLARE A VALUE TO BE INSURED)		BY SIGNING THIS DOCUMENT THE SENDER AGREES TO HAVE READ AND UNDERSTOOD THE CUSTOMER RELATIONSHIP TERMS OF FLEETSMART (PTY) LTD ON THE REVERSE SIDE OF THIS WAYBILL. ALL GOODS ARE SHIPPED AT OWNERS RISK.	
Sameday Deliveries <input type="checkbox"/>			HAZARDOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO		PRINT NAME _____ SENDERS SIGNATURE _____	
Dedicated Drive-Away <input type="checkbox"/>			IT'S THE SHIPPERS RESPONSIBILITY TO COMPLY WITH ALL DANGEROUS GOODS REGULATIONS.			
(Tick Services required)		(Tick Services required)				

6 PARCELS	DESCRIPTION OF GOODS OR TRIP SHEET	DIMENSIONS (cm)	ACTUAL WEIGHT (kg)	VOLUME WEIGHT (kg)	TOTALS
NO. OF PIECES		L X W X H			TOTAL PARCELS
		L X W X H			<input type="text"/>
	USE REVERSE OF BILLING COPY FOR MULTIPLE SHIPMENTS	L X W X H			CHARGABLE MASS
					<input type="text"/>

7 SPECIAL INSTRUCTIONS	AIR WAYBILL <input type="checkbox"/>
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8 COLLECTION DRIVERS DETAILS				9 DELIVERY DRIVERS DETAILS				10 RECEIVERS DETAILS										
OPEN KM		CLOSE KM		OPEN KM		CLOSE KM		GOODS RECEIVED IN GOOD ORDER AND CONDITION										
DATE	/	/	TIME	DATE	/	/	TIME	PRINT NAME										
PRINT NAME				PRINT NAME				DATE	/	/	TIME							
SIGNATURE				SIGNATURE				I.D. No.										
								SIGNATURE										