


SHIPPING ORDER / ACCEPTANCE ORDER

SHIPPER 付貨人 (NAME AND ADDRESS) CONTACT _____ TEL: _____ CONSIGNEE 收貨人 (NAME AND ADDRESS) _____ TEL: _____ NOTIFY PARTY 通知人 _____		 <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px auto; text-align: center;">S/O NO.</div> <h2 style="margin: 10px 0;">TBI CONTAINER LINE</h2> RM. 904 & 905A, HARBOUR CRYSTAL CENTRE, 100 GRANVILLE ROAD, TSIMSHATSUI EAST, KOWLOON, HONG KONG. <div style="float: right; text-align: right;"> TEL: 2723 4721 FAX: 2721 5149 </div> <p style="text-align: center; margin-top: 10px;"><u>ACCEPTANCE ORDER — (EMPTY / FULL)</u></p> TO: TERMINAL OPERATOR (AS INDICATED BELOW) Please accept the undermentioned container from the Contractor	
FREIGHT PAYABLE	NOS. ORIG. Bs/L 正本提單份數隨船 / 不隨船	EXPORT LICENCE NO.	
VESSEL/VOYAGE 船名及航次		PORT OF LOADING HONG KONG	
PORT OF DISCHARGE 卸貨港		CONTAINERBASE / FINAL DESTN. IF ON CARRIAGE 目的地	
		SERVICE CODE ① CY - CY ② CY - CFS ③ CY - DR ④ CFS - CY ⑤ CFS - CFS ⑥ CFS - DR ⑦ DR - CY ⑧ DR - CFS ⑨ DR - DR	

TBI LIMITED

MARKS & NOS. 標誌	NO. AND KIND OF PACKAGES 貨數及包裝式樣	DESCRIPTION OF GOODS 貨名	GROSS WT. (KILO) 毛重(公斤)	MEAST. (CBM) 尺碼(立方米)

CONTAINER NO. 箱號	TYPE	SEAL NO. 封號	TRACTOR NO.	TRAILER NO.
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CONTAINER INSPECTION REPORT

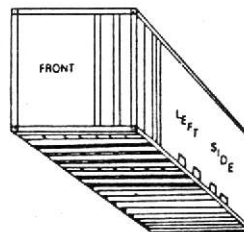
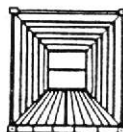
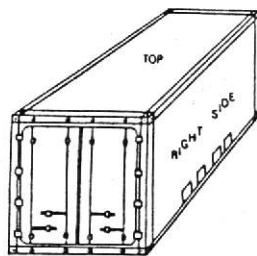
INSPECTION AT THE TIME OF DELIVERY

RECEIVED IN APPARENT GOOD ORDER AND CONDITION UNLESS OTHERWISE STATED AS BELOW:-

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 TERMINAL REPRESENTATIVE

DATE

凡自拖箱請於交箱前一天
 先與下列電話聯絡
 電話：2723 4721



SYMBOLS	BR BROKEN	B BRUISED	C CUT	H HOLE	M MISSING	W WASTED	P PATCH	S BUCKLED	Z DISTORTED
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ACCEPTANCE ORDER - TERMINAL / DEPOT CONTROL COPY