

006	LIN	25431593	25431593	006/25431593
Shipper's Name and Address		Shipper's Account Number	Not Negotiable Air Waybill DELTA AIR LINES INC. issued by VIA BISSOLATI 46 00187 ROMA Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity	
LAMPO SA INT L FORWARDERS VIA LIVIO 16 6830 CHIASSO - CH				
Consignee's Name and Address		Consignee's Account Number	It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVE HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a ghigher value for carriage and paying a supplemental charge if required.	
JANTZEN INTERNATIONAL LTD 3205 N. WILKE RD. SUITE 100 60004 - ARLINGTON HEIGHTS, IL - US PH:847.640.5200 MAIL: IMPORT@JANTZENINTL.COM				
Issuing Carrier's Name and City LAMPO SA VIA LIVIO 16 0000000 - CHIASSO (CH)				
Agent's IATA Code		Account No.	Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X	
38471310010				
Airport of Departure (Addr. Of First Carrier) and Requested Routing			Codice Fiscale/Partita Iva del mittente	Imprenditore <input checked="" type="checkbox"/> Non Imprenditore <input type="checkbox"/> PF <input type="checkbox"/> SD <input checked="" type="checkbox"/>
LINATE To By First Carrier Routing and destination to by to by ORD DELTA AIR LINES INC.			Currency CHGS Code WT/VAL PPD COLL Other PPD COLL EUR X X X	Declare Value for Carriage N.V.D. Declare Value for Customs N.C.V.
Airport of Destination		Flight/Date For Carrier Use Only Flight/Date	Amount of Insurance	INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "amount of insurance" ASSICURAZIONE - Qualora il Vettore offra una assicurazione e tale assicurazione sia richiesta in base alle condizioni indicate a tergo, indicare l'importo da assicurare in cifre nella casella "importo assicurato"
CHICAGO		DL0207/24+DL7111/27		
Handling Information ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS NEW CHARTER SRL has reviewed all available documentation and has determined that none of the cargo being offered in this consignment or consolidation has originated in, transferred from, or transited through any point in Afghanistan, Lybia, Egypt, Somalia, Syria or Yemen.				
				SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Commodity Item No.
2	700.00	K		
FREIGHT PREPAID GOODS NOT STACKABLE - NOT STACK - NOT STACK				
2	700.00			
Prepaid		Weight	Collect	Other Charges
		1733.29		P.B.A. Fee
Valuation Charge		Insurance Premium		
Tax		Special Handling		
Total Other Charges Due Agent		Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is property described by name and is in proper condition for ccarriage by air according to the applicable Dangerous Goods Regulations.		
0.00		Il mittente dichiara che le indicazioni contenute sul fronte LTA sono esatte e che qualora una parte della spedizione contenga merci pericolose tale parte è debitamente indicata ed è nelle condizioni richieste ai fini del trasporto per via aerea secondo le norme sulle Merci Pericolose.		
Total Other Charges Due Carrier		LAMPO SA INT L FORWARDERS 2413/24		
23.97		Signature of Shipper or his Agent		
Total Prepaid		Total Collect		
1757.26				
Currency Conversion Rates		CC Charges in Dest. Currency	21/10/2024 LIN	
			Executed on (Date) at (Place)	
For Carriers use Only at Destination		Charge at Destination	Total collect Charges	



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)

006/25431593