

MAC	MXP	00000826	/	MAC00000826
Shipper's Name and Address EUROPEAN COMFORT SRL VIA DELL'INDUSTRIA 25 27 29 37014 CASTELNUOVO DEL GARDA VR - IT PH+390456450726 *		Shipper's Account Number		Not Negotiable Air Waybill issued by Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity
Consignee's Name and Address MIZ MOOZ INC. 35 WASHINGTON STR. UNIT 1 BROOKLYN 11201 - NEW YORK NY-2129660042 NY - AD melissa@miz-mooz.com		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.
Issuing Carrier's Name and City - ()				
Agent's IATA Code 38471310010		Account No.		
Airport of Departure (Addr. Of First Carrier) and Requested Routing MALPENSA MILAN AIRPORT, ITALY				Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X
Airport of Departure (Addr. Of First Carrier) and Requested Routing MALPENSA MILAN AIRPORT, ITALY				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"/>
To	By First Carrier	Routing and destination	to by to by	Currency EUR CHGS Code WT/VAL PPD COLL Other PPD COLL Declare Value for Carriage N.V.D. Declare Value for Customs N.C.V.
JFK				
Airport of Destination NEW YORK		Flight/Date NO0787/20		Amount of Insurance <small>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"</small>
Handling Information ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS *INFO@EUROPEANCONFORT.IT				
				SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class Commodity Item No.	Chargeable Weight Rate Charge Total
298 FREIGHT	1820.00 COLLECT	K		2293.50 AS AGREED 2293.50 13.76 CBM
298	1820.00			
Prepaid AS AGREED		Weight Collect		Other Charges AS AGREED
Valuation Charge				Insurance Premium AS AGREED
Tax				Special Handling
Total Other Charges Due Agent 0.00				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. 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 0.00				
Total Prepaid		Total Collect		EUROPEAN COMFORT SRL Signature of Shipper or his Agent
Currency Conversion Rates		CC Charges in Dest. Currency		16/01/2025 MXP Executed on (Date) at (Place)
For Carriers use Only at Destination		Charge at Destination		Total collect Charges

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ORIGINAL 3 (FOR SHIPPER)