

LAM	MXP	24000215	/	LAM24000215
Shipper's Name and Address		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
SOREMA DIV. OF PREVIERO N. SRL VIA PER CAVOLTO, 17 22040 ANZANO DEL PARCO CO - IT +39 03163491 215				
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.
ALPEK POLYESTER USA, LLC 1561 NW 11TH STREET 47374 - RICHMOND, IN - US (765) 200-7368 Tory.Jackson@AlpekPolyester.com				
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 Non Imprenditore PF <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SD <input checked="" type="checkbox"/>
To	By First Carrier	Routing and destination	to by to by	Currency CHGS Code WT/VAL PPD COLL PPD COLL EUR X X X Declare Value for Carriage N.V.D. Declare Value for Customs N.C.V.
CVG				
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"
CINCINNATI		AA0199/24+AA7867/25		
Handling Information ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS				
				SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Chargeable Weight Rate 1062.00 AS AGREED
5	1062.00	K	Commodity Item No.	
FREIGHT PREPAID DAP TERMS - DAP TERMS - DAP TERMS				
				Total
				Nature and Quantity of Goods (incl. Dimensions or Volume) HS CODE: 84779080 RUBBER/PLASTICS MACHINERY PARTS FREIGHT PREPAID DAP RICHMOND, IN Dims:3/120x80x971/126x35x351/120x80x54 3.466 CBM
5	1062.00			
Prepaid		Weight Collect		Other Charges
AS AGREED				AS AGREED
Valutation Charge				Insurance Premium
				AS AGREED
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. 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.
0.00				
Total Other Charges Due Carrier				
0.00				
				SOREMA DIV. OF PREVIERO N. SRL
Total Prepaid		Total Collect		Signature of Shipper or his Agent
Currency Conversion Rates		CC Charges in Dest. Currency		20/05/2025 MXP Executed on (Date) at (Place)
For Carriers use Only at Destination		Charge at Destination		Total collect Charges



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)

LAM/24000215