

NEC	SWK	01511817	/	NEC01511817	
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 03163491215					
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.	
HILEX POLY COMPANY LLC 1001, N. SECOND STREET 47265 - NORTH VERNON, IN - US P: 843-857-4831 HARRIETT.JONES@NOVOLEX.COM					
Issuing Carrier's Name and City					
Agent's IATA Code 38471310010		Account No.			
Airport of Departure (Addr. Of First Carrier) and Requested Routing SEGRATE				Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X	
Airport of Departure (Addr. Of First Carrier) and Requested Routing SEGRATE		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	
CVG				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 <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'</small> <small>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>	
CINCINNATI		LX6629/07+LX0008/08+LX9004/09			
Handling Information NOTIFY SAME AS CNEE					
				SCI X	
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Chargeable Weight Rate 250.00 AS AGREED	
1	250.00	K	Commodity Item No.		
FREIGHT PREPAID					
1	250.00			Total Nature and Quantity of Goods (incl. Dimensions or Volume) SPARE PARTS FOR FOR PLASTIC RECYCLING PLANT. DAP NORTH VERNON, IN HS CODE: 8208 9000 Dims:1/98x55x30 0.162 CBM	
Prepaid		Weight	Collect	Other Charges	P.B.A. Fee
AS AGREED				AS AGREED	
Valuation 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		SOREMA DIV. OF PREVIERO N. SRL Signature of Shipper or his Agent			
0.00					
Total Prepaid		Total Collect			
Currency Conversion Rates		CC Charges in Dest. Currency		04/06/2025 SWK 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)

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