

075	LIN	66622452	66622452	075/66622452		
Shipper's Name and Address ITALPRESSEGAUSS S.P.A. VIA TRENTO , 178 25020 CAPRIANO DEL COLLE BS - IT 0039/030/9749474		Shipper's Account Number IT08900010961		<b>Not Negotiable</b> <b>Air Waybill</b> IBERIA LINEAS AEREAS DE ESPANA S.A. issued by CALLE VELAZQUEZ 130 VIA BERTOLONI 3/D 00187 ROMA Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity		
Consignee's Name and Address MARTINREA HONSEL MEXICO S.A. DE C.V. AV. LA MONTANA N.121, KM 28,5 76220 - SANTA ROSA JAUREGUI , QRO - MX 005442/2294600		Consignee's Account Number TME001025LP0		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 WORLD AIR PALAZZINA MERCI NO.1 40132 - BOLOGNA (BO)		Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X				
Agent's IATA Code 38471310010		Account No.				
Airport of Departure (Addr. Of First Carrier) and Requested Routing LINATE		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 MEX	By First Carrier IBERIA LINEAS AEREAS DE ESPANA	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.		
Airport of Destination MEXICO CITY		Flight/Date IB9691/07+IB0307/10		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'		
Handling Information 1 PALLET MARKED. ADDRESS // SHIP TO MARTINREA SANTA ROSA JAUREGUI, QRO ENCL. COMMERCIAL INVOICE					SCI X	
No of Pieces RCP	Gross Weight	Kg lb	Rate Class Commodity Item No.	Chargeable Weight	Rate Charge Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
1	1686.00	K		1686.00	2.05	3456.3 NEW SUPPORT SPACER **NOT RESTRICTED** HS CODE 84549000 100/60/70CM (1) VOL 0.42 CBM Dims:1/100x60x70 HS CODE: 84549000
1	1686.00			1686.00		0.42 CBM
Prepaid		Weight		Collect		Other Charges
		3456.3				P.B.A. Fee
Valuation Charge						Insurance Premium
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		32.90				
Total Prepaid		3489.2		Total Collect		Signature of Shipper or his Agent
Currency Conversion Rates		CC Charges in Dest. Currency		01/10/2025 LIN		
				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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