

230	MXP	66537671	66537671	230/66537671			
Shipper's Name and Address CRASTA & C. SRL. CORSO GIUSEPPE GARIBALDI, 367 80142 NAPOLI - IT +39 081 554 9980 AIR.OPS@CRASTASPEDIZIONI.IT		Shipper's Account Number 04731530632		Not Negotiable Air Waybill COPA AIRLINES issued by COMPANIA PANAMENA DE AVIACION,S.A. PANAMA-REUBI AUTOPARTS EUROMAQ,S.L.			
		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity					
Consignee's Name and Address TRANSEBASTIAN SA DE CV CALLE LLAMA DEL BOSQUE, URB. MADRE SELVA, ED. AVANTE - ANTIGUO CUSCATLAN, LA LIBERTAD - SV + 503 2523 6400 OPERACIONES@TRANSEBASTIAN.COM.SV		Consignee's Account Number NIT: 0614-141022-103-3		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 ghighter value for carriage and paying a supplemental charge if required.			
		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 MALPENSA MILAN AIRPORT,ITALY		Codice Fiscale/Partita Iva del mittente 					
To By First Carrier Routing and destination to by to by		Currency CHGS Code WT/VAL Other Declare Value for Carriage Declare Value for Customs					
SAL COPA AIR /MJM		USD X X N.V.D. N.C.V.					
Airport of Destination SAN SALVADOR		Flight/Date For Carrier Use Only Flight/Date NO630/26+CM129/30+CM816/01		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 ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS NOTIFY: SAME AS CONSIGNEE							
				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)
2	76.60	K		77.00	7.17	552.09	CONSOLIDATED SHIPMENT AS PER ATTACHED CARGO MANIFEST GENERAL CARGO / NOT RESTRICTED DIMS (CM): 32X22X19, 80X60X60 HS CODE: 73079980, 84779080, 84821090, 84812090 0.301 CBM
2	76.60			77.00		552.09	
Prepaid		Weight		Collect		Other Charges	
		552.09				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. 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				CRASTA & C. SRL. EXA2501175 Signature of Shipper or his Agent			
5.24							
Total Prepaid		Total Collect					
557.33							
Currency Conversion Rates		CC Charges in Dest. Currency		22/07/2025 MXP Executed on (Date) at (Place)			
		Charge at Destination		Total collect Charges			

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ORIGINAL 3 (FOR SHIPPER)