ECR	SWK		2500	04001	0	57/550		ECR25004001										
Shipper's Name and Address				Shipper's Account Number					Not Ne									
			0:	3615181009					ybill	С	RAS	STA e	CO	SRL				
STORZ VIA SA					,				CORSO GARIBALDI 367 NAPOLI									
	ROMA RM - IT																	
l	strazione@sto Name and Address		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity															
				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														
300mts	EDICAL SOLU	ntigua	Pacc	*** +506 8877 6111			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.											
ł	gomez@gygm				120 - CIX	+50	0 007	7 0111	1									
	Carrier's Name a			Accounting Information														
	A e CO. SRL				NON VALE FATTURA AI FINI IVA													
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Agent's IA		1	Accoun															
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Airport of SEGRA					Codice Fiscale/Partita			nittente		Imprendi	nditore Non Imprenditore PF SD X							
To	By First Carrier			Routing and destination	to	by	to	by	Currency	CHGS Code		VAL COLL	Othe		ediare Value f	or Carriage	Declare Value	
SJO	AIR FRANCE	.		destination		i			EUR	Code	X	COLL	Х		I.V.D.		N.C.V.	
Airport of D	estination	Only	Flic	ht/Date	Amount of	Insurance						ch insurance is reque		with the conditions				
i '	SE C.RICA		Flight/I	•	y Fiight/Date Amount of insurance thereof, indicate amount to be insured in figures in box marked 'amount of insurance ASSICURAZ/ONE - Qualora il Vetore offra una assicurazione ta lea assicurazione condizioni indicate a tergo, indicare l'importo da assicurazione tra lea casella l'imp									assicurazione sia ric				
Handling Int								<u> </u>			1							
GOODS	S NOT STACK												S	SCI				
										X								
No of	Gross Weight	ole Rate			Total		\neg	Nat	ure an	d Quantity of	of Goods							
Pieces RCP		lb		Commodity Weigi					Charge				(inc	ncl. Dimensions or Volume)				
1	83.00	К		nem no.		128.00			GREED				SHOCKWAVE EQUIPMENT					
l	PREPAID	İ							İ				LITHIUM ION BATTERIES IN COMPLIANCE WITH					
*** Center Local FF111													- 1	SECTION II OF PI 966 1 PLT				
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7.57.5			AS AGREED Insurance Premium															
				AS A	AGREE	D												
		Та	ıx		Specia	Special Handling												
	Total C	ther Char	Shinr	ner certit	ies that th	ne narticula	ars on the f	ace h	erenf	are col	rect a	nd that inso	far as any p	art of the co	nsianment			
	conta	ains dan	gerous go	ods, such		perty	descri	bed by			roper condit							
	Total O	ther Char	ges Due	II mit	tente dic	hiara che	le indicazi	oni contenu	ıte su	l front	e LTA :	sono e	satte e che	qualora una	parte della	spedizione		
		0.00		via a	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.													
				STO	STORZ MEDICAL ITALIA SRL EXA2500400													
	Total Prepaid		_	Total Colle	ect /	+	Signature of Shipper or his Agent											
_	. J. G. F. Topalu																	
Currency Conversion Rates CC Charges in Dest. Currency						1	3/2025	SV										
For Carriers use Only at Destination Charge at Destination						Execu	ted on	(Da	ate) at		(Place	*)						
. o. came	.o doo only at Dest	Sharge at Dest			i otai (Jone Offi							i	ECR/	25004	4001		

