

eMA	MXP	00000876	001/11299643	eMA00000876	
Shipper's Name and Address		Shipper's Account Number		Not Negotiable Air Waybill MAC SHIPPING ITALY SRL issued by VIA DEL GREGGE, 100 LONATE POZZOLO Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity	
OLIP ITALIA SPA VIA CONFINE 13 37017 COLA' DI LAZISE VR - IT 0456463111 NADIA.COATO@OLIP.IT					
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.	
MIZ MOOZ INC. 35 WASHINGTON STR. UNIT 1 BROOKLYN 11201 - NEW YORK NY NY - US 2129660042 RON@MIZ-MOOZ.COM					
Issuing Carrier's Name and City MAC SHIPPING ITALY SRL VIA DEL GREGGE, 100 - LONATE POZZOLO ()					
Agent's IATA Code		Account No.		Accounting Information	
38471310010					
Airport of Departure (Addr. Of First Carrier) and Requested Routing				Codice Fiscale/Partita Iva del mittente	
MALPENSA MILAN AIRPORT, ITALY IT				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
	AMERICAN AIRLINES INC.				
Currency	CHGS Code	WT/VAL	Other	Declare Value for Carriage	
EUR		PPD COLL	PPD COLL	N.V.D.	
Airport of Destination		Flight/Date For Carrier Use Only Flight/Date		Amount of Insurance	
		AA8023/23JUN AA0235/25JUN		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					
					SCI
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Chargeable Weight	Rate
22	323.00	K	Commodity Item No.	408.00	AS AGREED
22	323.00			408.00	
Prepaid		Weight		Collect	
				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.	
		0.00		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				OLIP ITALIA SPA	
		0.00		Signature of Shipper or his Agent	
Total Prepaid		Total Collect			
Currency Conversion Rates		CC Charges in Dest. Currency		18/06/2025 MXP	
				Executed on (Date) at (Place)	
For Carriers use Only at Destination		Charge at Destination		Total collect Charges	

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CASS ITALY

ORIGINAL 3 (FOR SHIPPER)