ECR	FCO		2501	18661					8	38/30018402			ECR25018661						
Shipper'	s Name and Add	Iress	Shipper's Account Number							Not No	Not Negotiable								
			06702630630							Air Wa	CRASTA E CO. SRL								
DEMA SPA VIA SAN SOSSIO 38 80049 SOMMA VESUVIANA NA - IT +39 0818934108							3			issued by			CORSO GARIBALDI 367 NAPOLI						
0	N			Copies	Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity														
AIRBU:	S ATLANTIC C				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.														
	4 - MIRABEL ANE.QUOTB@				a supplier value for carriage and paying a supplierier							uppiemental charg	ge ii requi	ieu.					
	Carrier's Name a				Accounting Information														
	A E CO. SRL						NON VALE FATTURA AI FINI IVA												
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Agent's IA	TA Code		Accoun				-												
3847131				1															
Airport of Deparature (Addr. Of First Carrier) and Requested Routing											Fiscale/Part	ita Iva	Iva del mittente Imprendi				ore Non Imprenditore PF		
FIUMICINO																X		SD	
То	By First Carrier			Routing and destination	to	'	by	to	by	Currency	CHGS Code		VAL	Othe PPD C		edlare Value for C	arriage	Declare Value for Cu	stoms
YUL	WESTJET	/ACO								EUR			Х	>	< N	I.V.D.		N.C.V.	
Airport of D	natination		Flight/	Data I	For Carrie	r Hoo C)nhr	Flia	ht/Date	Amount	of Insurance							uested in accordance with the co	onditions
MONTE	-	thered, indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount to be insured in figures in box marked amount of insurant hards. Indicate amount hards are amount hards. Indicate amount hards are amount hards. Indicate amoun								e assicurazione sia richiesta in b	pase alle								
Handling In	formation		1																
ENCLOSED ONE ENVELOPE CONTAINING SHIPPING								DOCUMENTS										SCI X	
No of	Gross Weight	Kg	Rate	Class		Charg	' 11		Rate		Total				Nature and Quantity of Goods				
Pieces RCP		lb		Commodity Item No.		Weigh	IL			Charge				(incl. Dimensions or Volume)					
6	6 540.00 K						150	00.00	AS AC	GREED				GENERAL CARGO AIRCRAFT DOOR ASSY Dims:6/200x100x75 HS CODE: 88073000					
6	540.00	1					150	00.00										9 CBM	
Prepaid Weight Collect								ther Charges P.B.A. Fee											
		AS AGREED																	
		Insurance Premium AS AGREED																	
	Special Handling																		
	T-t-1	Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment																	
	Total C	cont	ains dang	gerous go	ods, such		perty	descr	ibed by				ition for ccarriage b						
	Total O	ther Char	ges Due	II mi	ttente dic enga me	hiara che rci perico	le indicaz lose tale i	zioni content parte è debi	ıte su tamer	I front ite ind	e LTA				a parte della spedi: ai fini del trasport				
		Via aerea secondo le norme sulle Merci Pericolose. DEMA SPA EXA2501866																	
	Total Drawaid			Total Call-	ot.		_					Signatu	re of S	Shipper o	r his Aç	gent			
_	Total Prepaid	/	Total Collect																
Curre	ncy Conversion Ra	CC Charges in Dest. Currency				1	1/2025		co										
For Carriers use Only at Destination Charge at Destination								Executed on (Date) at (Place) Total collect Charges											
i oi cante	is use Only at Desi	IaliUI I	Charge at Destination				l	ı olai C	on c ol Off	aryes	+					_		/O.E.O.4.C.O.	_ ,

