



International Shipping Instructions

- Air Waybill (AWB) must be typed or printer driven typed.
- A \$20.00 USD preparation fee will apply if AWB is processed at the counter.
- The commercial invoice must be completed. It is the responsibility of the shipper to supply the required number of copies.
- Contact the country of destination to determine if the item can be shipped and if/what documentation is required.
- Contact U.S. Customs before shipping to determine if/what documentation is required.
- Ensure the shipment can be easily screened.
- Ensure you are aware of the cutoff times for the flight being requested.
- Ensure the person tendering (dropping off the shipment) has photo ID or other government issued ID.
- Complete a Shippers Identification form at the counter.
- List the weight and dimensions of goods on the AWB.
- Put your shipper ID number on the AWB.

For the details of an international Air Waybill (AWB), and the information required to be completed on the AWB for shipping internationally.

Refer to the sample AWB.



International Air Waybill

Sample International Air Waybill

526-XXXX XXXX **AIR WAYBILL** **526-XXXX XXXX**

Shipper's Name and Address: 526-XXXX XXXX
 Shipper's Account Number: SWA Shipper's Account number

Not Negotiable / Issued by: **SOUTHWEST AIRLINES CARGO**
 P.O. Box 36811 Dallas, TX 75235-1161
 (800)533-1222 swacargo.com

Barcode: [Barcode]

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 UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND THE 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 higher value for carriage and paying a supplemental charge if required.

Accounting Information

Shipper's Name and Address: 526-XXXX XXXX
 Shipper's Phone: _____
 Consignee's Name and Address: _____
 Consignee's Account Number: _____
 Consignee's Phone: _____

Routing Carrier's Agent Name and City: _____
 Agent's IATA Code: _____ Account No.: _____

Airport of Departure (Addr. of First Carrier) and Requested Routing: _____

To: _____ by _____ to: _____ by _____ to: _____ by _____
 (Next Flight Guaranteed) (Priority Freight) (Freight) (Internal Shipment)

Declared value: _____
 Customs value: _____

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".

Export Information - These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to USA law prohibited.

Unknown Shipper: Known Shipper: Indirect Air Carrier (IAC): All Cargo Carrier: Air Carrier:

No. of Pieces PCPN	Gross Weight	Net Weight	Rate Class	Commodity Item No.	Chargeable Weight	Rate	Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Values)

Prepaid: _____ Weight Charge: _____ Collected: _____
 Valuation Charge: _____
 Tax: _____

PICK UP CHARGES: _____ ORIGIN ADVANCE CHARGES: _____ DESCRIPTION OF ORIGIN ADVANCE: _____ ITEMS PREPAID: _____
 DELIVERY CHARGES: _____ DEST. ADVANCE CHARGES: _____ DESCRIPTION OF DEST. ADVANCE: _____ ITEMS COLLECT: _____

OTHER CHARGES AND DESCRIPTION: _____

Total Other Charges Due Agent: _____
 Total Other Charges Due Carrier: _____

Shipper certifies that the particulars of the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to applicable Dangerous Goods Regulations.

Shipper's Signature: _____
 Signature of Shipper or his Agent - Initial Box Below

COD: _____ Currency: _____
 Total Prepaid: _____ Total Collect: _____

Payment Type requested from Shipper:
 Money Order Cashiers CK Personal CK Company CK

EXECUTED ON: _____
 (DATE) (TIME) (PLACE) SIGNATURE OF ISSUING CARRIER OR ITS AGENT

526-XXXX XXXX