

Shipper's Name and Address SCHWARTZ ITAMR WEITZMAN 29 KADIMA		Shipper's Account Number	Not Negotiable Air Waybill Turkish Airlines Istanbul Airport, Turkey Member of I.A.T.A Issued by
Consignee's Name and Address SCHWARTZ ITAMAR 15 ELMORE AVENUE COLTON ON HUDSON 10520 New York USA		Consignee's Account Number	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 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 at liability by declaring a higher value for carriage and paying a supplemental charge if required.

Issuing Carrier's Agent Name and City ALLCARGO LOGISTIC SERVICES LTD 3 HASHARON ST. 7019900 AIRPORT CITY ISRAEL		Accounting Information SCHWARTZ ITAMAR C/O PRIME TRANSPORT 145-30 156 TH ST , JAMAICA , NY .11434 POC :ANGEL .T .718-470-2900/F.718.470.2282 ANGEL@PRIME -TRANSPORT .COM	
Agent's IATA Code 37-4-7102	Account No.	Reference Number	Optional Shipping Information

Airport of Departure (addr. of First Carrier) and Requested Routing Tel-Aviv				Declared Value for Carriage NVD		Declared Value for Customs NCV	
To IST	By First Carrier Turkish Airlines	Routing and Destination JFK	to TK	by 	to 	by 	Currency USD
Airport of Destination New York, NY		Requested Flight/Date 6143/1811		Requested Flight/Date 0001/2011		Amount of Insurance XX X	

Handling Information ENVELOPE ATTACHED MARKS AND NUMBERS HS CODE :63090009							
(For USA only): These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to USA law prohibited.							SCI

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)
7	356.00	K	Q		500.50		5.00	2,502.50	USED HOUEHOLD GOODS ** 2ND NOTIFY TRANSPORTATION WORL INC .633 CHOCTAW LANE KATY ,TK 77494 T:281-492-7717 ATTN :KAY RUMFOLA USED CLOTHES HS CODE 63090009 DIM: 6(90X60X75)CMS 1(90X60X106)CMS AS VOL 500.400 KGS 3.0024 CBM Inv.No:307059
7	356.00							2,502.50	

Prepaid 2502.50	Weight Charge Collect	Other Charges
Valuation Charge		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 properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations. ALLCARGO LOGISTIC SERVICES LTD /Ofar Haran REF:82690 JOB:99193
Tax		
Total Other Charges Due Agent		

Total Other Charges Due Carrier	Signature of Shipper or his Agent 18.11.22 Tel-Aviv ALLCARGO LOGISTIC SERVICES LTD
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Total Prepaid 2502.50	Total Collect
Currency Conversion Rates	CC Charges in Dest. Currency

For Carriers Use only at Destination	Charges at Destination	Executed on (date)	at (place)	Signature of Issuing Carrier or its Agent
Total Collect Charges		235-1217 6021		



PACKING INVENTORY

Shipper Name: itamar shvartz
 Packing Job Date: 09 Nov 2022
 Origin Address: Israel
 Destination Address: United States



Packed Items

Package#	Item	Comment	Wrapping	Room
1	Toys			
	Books		Large Box	-----
2	picnic items			
	Books		Wrapped	-----
	Kitchen			
3	Bags			
	picnic items		Medium Box	-----
	Clothes			
4	Linen			
	Clothes		Medium Box	-----
5	Clothes			
	Bags		Medium Box	-----
6	Clothes			
	Shoes		Flat Box	-----
	Picture			
7	Picture			
			Flat Box	-----

Total Number of Packages: 7

Used Boxes Count

Box Type	Quantity
Large Box	1
Medium Box	3
Flat Box	2
Wrapped	1

Shipper Signature on packing

Shipper: itamar shvartz

Foreman Signature on packing

Foreman: max glazer
A. Univers Transit Ltd.

Shipper Signature on delivery

Name: _____
Date: _____

Delivery Driver Signature

Name: _____
Company: _____

