
CSS

CARGO SCREENING SERVICES

IAC NAME:	<input type="text"/>	AIRLINE:	<input type="text"/>
AIRBILL #:	<input type="text"/>	CUT OFF TIME:	<input type="text"/>
PCS:	<input type="text"/>		
WEIGHT:	<input type="text"/>		
SPECIAL INSTRUCTIONS/COMMENTS:	<input type="text"/>		
	<input type="text"/>		

AUTHORIZED AGENTS NAME:	<input type="text"/>
DAYTIME PHONE NUMBER:	<input type="text"/>
EMERGENCY 24 HR CONTACT PHONE #:	<input type="text"/>

I accept the agreed charges from CSS-Boston.

Signature:

Please fill out and keep with airway bill.

Thank You.