

SENDER'S COPY



USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE U.S. ALASKA AND HAWAII.
USE THE INTERNATIONAL AIR MAIL BILL FOR SHIPMENTS TO PORTS ABOARD.
QUESTIONS CALL 800-528-5555 TOLL FREE.

AIRBILL

PACKAGE TRACKING NUMBER

93385037157

SENDER'S COPY

Sender's Federal Express Account Number: **93385037157** Date: **11/19/91**

From (Your Name) Please Print: **LEEDS WILSON** Your Phone Number (Very Important): () () () () () ()

Company: **LEEDS WILSON** Department/Floor No.: () () () ()

Street Address: **10000 WILSON BLVD**

City: **HOUSTON TX** State: **TX** ZIP Required: **77042**

To (Recipient's Name) Please Print: **UNIT RENT** Recipient's Phone Number (Very Important): () () () () () ()

Company: **UNIT RENT** Department/Floor No.: () () () ()

Exact Street Address (For Ground Delivery in P.O. Boxes or P.O. ZIP Codes): **11500 WILSON BLVD**

City: **HOUSTON TX** State: **TX** ZIP Required: **77042**

YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE)

IF HOLD FOR PICK-UP, PRINT FEDEX ADDRESS HERE

PAYMENT: Bill Sender Bill Recipient's Fedex Acct. No. Bill 3rd Party Fedex Acct. No. Bill Credit Card

SERVICES		DELIVERY AND SPECIAL HANDLING		PACKAGES		WEIGHT		TOTAL WEIGHT		TOTAL VALUE	
1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> PRIORITY OVERNIGHT DELIVERY	<input type="checkbox"/> OVERNIGHT LETTERS*	<input type="checkbox"/> HOLD FOR PICK-UP (P.O. Box 14)	<input checked="" type="checkbox"/> DELIVER WEEKDAY	<input type="checkbox"/> DELIVER SATURDAY (Extra charge)	<input type="checkbox"/> DANGEROUS GOODS (Extra charge)	<input type="checkbox"/> CONSTANT SURVEILLANCE SERVICE (CSS) (Extra charge)	<input type="checkbox"/> BRT ICE (Lbs)	<input type="checkbox"/> OTHER SPECIAL SERVICE	<input type="checkbox"/> SATURDAY PICK-UP (Extra charge)	<input type="checkbox"/> HOLIDAY DELIVERY (in alternate days) (Extra charge)	<input type="checkbox"/> STANDARD MAIL DELIVERY (second business day) (Declared Value Limit \$100)

RECEIVED AT: Regular Ship On-Air Ship Drop Box B.S.C. Station

FEDEX Corp. Employee No. _____

Date/Time for FEDEX Use: _____

Sender authorizes Federal Express to deliver this shipment without obtaining sender's signature and shall claim resulting therefrom.

Release Signature: _____

Use of this airbill constitutes your agreement to the service conditions in our current Service Guide which is available upon request. She has been provided a copy of this guide for her reference.

We will not be responsible for any claim in excess of \$100 per package unless you specify a higher amount in the invoice to be paid, or you purchase a higher amount and document your actual loss in the event of a claim. Maximum amount insurances bound in the current Service Guide apply to all shipments.

Federal Express is not liable for loss of the contents, as well as for loss of sales, income, interest, profit, attorney's fees, costs and expenses, or any other special or consequential damages, including but not limited to, the value of the contents, in the event of a claim, even if such loss or damage is foreseeable.

In the event of a claim, Federal Express will at your request and with some limitations, refund all transportation charges paid. See Service Guide for further information.

SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY

Federal Express Use:
Base Charges: _____
Declared Value Charge:
Other 1: _____
Other 2: _____
Total Charges: _____

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