**SPEDITIONSAUFTRAG**

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| **Absender:** | **/ Kd-Nr.:** |
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| **Empfänger:** | **/ Kd-Nr.:** |
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| Anschrift muss mit Packstück identisch sein. | |

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| **Abweichende Ladeadresse:** | | | | | |  | **Abweichender Rechnungsempfänger:** | |
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| **Abholdatum**: |  | **Abholzeit** ab: |  | bis |  |  | |

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| **Liefertermin:** | | | | |  | **Warenwert zur Transportversicherung in EUR:**  **€** | | | | | | |
| **Premiumprodukte** bitte ankreuzen (zuschlagspflichtig) | | | | |  | Versicherungseindeckung | | | | | ja | nein |
| NightLine Next Day | | | NightLineEurope Next Day | |  | Wenn Versicherungseindeckung gewünscht bitte Warenwert angeben. **Versicherungswert über 50.000 EUR nur auf Anfrage.** | | | | | | |
| NightLine Fix | | | NightLineEurope Fix | |  |
| NightLinePlus 8 Uhr | | | NightLineEurope Priority | |  | **Frankatur:** (zutreffendes bitte ankreuzen - Incoterms 2020) | | | | | | |
| NightLinePlus 10 Uhr | | | ServiceLine | |  | frei Haus | CPT | | | DAP cleared | | DAP uncleared |
| NightLinePlus 12 Uhr | | | OrderLine | |  | EXW | CIP | | | DDP | | CFR |
|  | | | ThermoLine | |  | FCA | DAF | | | unfrei gg.RG. | | |
| elektr. Avis | ja | nein | | Tel.:: |  | Mail: | |  | | | | |
| telef. Avis | ja | nein | | Tel.: |  |  | | |  | | | |
| Fahrer-Avis | ja | nein | | Tel.: |  |  | | |  | | | |

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| **Zeichen/Nummer** | **Anzahl** | **Verpackung** | **Inhalt** | **Bruttogewicht** |
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| **Sendungsbezogene Hinweise:** | | | | | | | | | | | **GGVS:** | |
|  | | | | | | | | | | | UN-Nr: | LQ: |
| Maße (LxBxH): |  | x |  | x |  | cm/ |  | cbm |  | Ldm. | ADR-Klasse: | Tunnelcode: |
| Maße (LxBxH): |  | x |  | x |  | cm/ |  | cbm |  | Ldm. | Verpackungsgruppe: |  |

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| **Barcode-Minis** | | | | | | |
| 1) |  | | | | 2) |  |
| 3) |  | | | | 4) |  |
|  | | |  |  | |  |
| **Frachtvereinbarung:**  gem. Angebotsnummer | | **€** |  |  | |  |
| Nr.: |

Datum, Unterschrift Auftraggeber