



# How to Fill Out Your ICS Courier Next Day™ Waybill

COMPANY NAME & ADDRESS / NOM ET ADRESSE DE L'ENTREPRISE <div style="text-align: center;"><b>1</b></div>		 ND0000000000000	
TELEPHONE / TÉLÉPHONE ( )	POSTAL CODE / CODE POSTAL		
SHIPPER NAME / NOM DE L'EXPÉDITEUR <div style="text-align: center;"><b>2</b></div>	SIGNATURE / SIGNATURE <small>The Shipper agrees to the Terms and Conditions of this waybill. L'expéditeur accepte les modalités décrites sur ce bordereau.</small>	 1-888-ICS-TRAX (1-888-427-8729) www.icscourier.ca	
COMPANY NAME & ADDRESS / NOM ET ADRESSE DE L'ENTREPRISE <div style="text-align: center;"><b>3</b></div>			
TELEPHONE / TÉLÉPHONE ( )	POSTAL CODE / CODE POSTAL <div style="text-align: center;"><b>4</b></div>	BILLING ACCOUNT NO. / COMPTE DE FACTURATION <div style="text-align: center;"><b>5</b></div>	WEIGHT / POIDS <input type="checkbox"/> g <div style="text-align: center;"><b>8</b></div> <input type="checkbox"/> kg
CUSTOMER REFERENCE / REFERENCE DU CLIENT <div style="text-align: center;"><b>6</b></div>		DECLARED VALUE/VALEUR DÉCLARÉE <small>(surcharge appliquée automatiquement au-dessus de 100 \$)</small> \$ <div style="text-align: center;"><b>9</b></div> MAX \$1500 per shipment/ 30\$ MAX per expédition	
		DRIVER SIGNATURE: PICK-UP / SIGNATURE DU CHAUFFEUR - CUELLETTE X <div style="text-align: center;"><b>7</b></div>	PICK-UP DATE / DATE DE LA CUELLETTE M / M   D / J   A / A <div style="text-align: center;"><b>10</b></div>
PLEASE SEE REVERSE FOR TERMS & CONDITIONS / LES CONDITIONS DE LIVRAISON SONT PRÉSENTÉS AU VERSO			
		ND0000000000000	

**Shipper Instructions:** In order to ship multiple pieces to the same consignee using this new single piece waybill, you will now need to complete (1) waybill for each package going to the same destination postal code.

Shipper's Company Name Address (pre-printed)

2. Shipper Name & Signature

3. Consignee's Company Name and Address

4. Consignee's Telephone Number & complete Postal Code

5. Billing Account Number (pre-printed)

6. Customer Reference Number (optional)

7. Pick-up Driver's Signature

8. Shipment weight (in grams or kilograms)

9. To purchase additional insurance, please indicate the declared value of the entire shipment (optional)

10. Pick-up Date and Time filled out by ICS Driver