

**TRANSPORTATION SERVICES  
ORDER CONTINUATION SHEET**

**ORIGINAL**

ORIGINAL TSO NO. / BL NO.

SHEET NO.

ISSUING OFFICE (Name & complete address, phone & fax numbers)

PACKAGES		HM	DESCRIPTION OF ARTICLES (Use carrier's classification or tariff description if possible; otherwise use a clear nontechnical description.)	WEIGHT* (Pounds only)	FOR USE OF BILLING CARRIER ONLY		
NO	KIND				SERVICES	RATE	CHARGES

\*Show also cubic measurements for shipments via air, truck or water carrier in cases where required.