Please fill out the following sections accurately and completely before submitting your request by email.

1. **PRO Number:** Enter a valid 10- or 12- digit PRO number.

2. **RFC Shipper:** Enter the Tax ID for the shipper.

3. **RFC Consignee:** Enter the Tax ID for the consignee.

4. **Shipper / Consignee:** Complete the shipper and consignee sections by entering the shipper/consignee name, address, colony, zip/postal code, city, state, contact name, and telephone.

5. **Broker Information:** Complete BOTH Mexico and US broker sections by entering the broker name, address, zip/postal code, city, state, contact name, and telephone (This section is not required for shipments within Mexico).

6. **Bill To:** If the party who will be paying for the shipment is different from the Shipper or Consignee, complete the Bill To section by entering the company name, address, colony, zip/postal code, city, and state.

7. **Third Party Account Number:** Enter the third-party account number responsible for paying freight charges if neither the shipper nor the consignee is responsible for the freight charges.

8. **Prepaid / Collect:** Indicate if this is a prepaid or collect shipment by circling one option.

9. **Shipper Account Number:** Enter the shipper account number if they are responsible for paying the freight charges.

10. **Consignees Account Number:** Enter the consignee account number if they are responsible for paying the freight charges.

11. **Special Instructions:** If you have any special instructions for this shipment, please specify it here.

12. **Shipper Number:** Enter a shipper number, if applicable.

13. **P.O. Number:** Enter a P.O.number, if applicable.

14. **Shipment Details:** Complete the shipment details section including the number of pieces, packaging, description of the shipment, weight (indicate either kgs or lbs), volume (indicate either meters or feet), and NMFC Class (NMFC is not required for shipments within Mexico).

15. **e_ClaveUnidadPeso:** Enter the Units of Measurement and Packaging Code for the freight being shipped.

16. **e_ClaveProdServCP:** Enter the Product and Service Code for the freight being shipped.

17. **Reference Numbers:** If you have any reference numbers(s) for this shipment, insert the number(s) here.

18. **Additional Coverage:** Indicate if you need additional coverage by specifying the value of the additional coverage needed.

FedEx Freight de México

Adhiera la etiqueta aquí / Attach Pro Label here.

NO ESCRIBIR EN ÉSTA ÁREA
DO NOT WRITE IN THIS AREA

ORDEN DE SERVICIO/SERVICE ORDER IN MEXICO
BOL/ORDEN DE SERVICIO EN ESTADOS UNIDOS
BILL OF LADING CONTRACT IN THE U.S.
NO ES UN BOL/ORDEN DE SERVICIO PARA EL SERVICIO PUERTA A PUERTA
NOT A THROUGH BILL OF LADING
PARA EXPORTACIÓN DE MÉXICO O ENTREGA EN EL INTERIOR DE MÉXICO
FOR INTRA-MEXICO OR EXPORT TO THE U.S.

EMBARCADOR/SHIPPER		RFC/TAX ID	DESTINATARIO/CONSIGNEE		RFC/TAX ID
CALLE Y NÚMERO/ADDRESS			CALLE Y NÚMERO/ADDRESS		
COLONIA/COLONY		C.P./ZIPCODE	COLONIA/COLONY		C.P./ZIPCODE
CIUDAD/CITY		ESTADO/STATE	CIUDAD/CITY		ESTADO/STATE
CONTACTO/CONTACT NAME	TELÉFONO/TELEPHONE		CONTACTO/CONTACT NAME		TELÉFONO/TELEPHONE

POR FAVOR, COMPLETE AQUÍ LA INFORMACIÓN DE SU AGENTE ADUANAL CUANDO ESTÉ EXPORTANDO ARTÍCULOS A LOS ESTADOS UNIDOS
COMPLETE BROKER INFORMATION BELOW WHEN EXPORTING TO THE UNITED STATES

AGENTE ADUANAL MEXICANO/MEXICAN BROKER			AGENTE ADUANAL ESTADOUNIDENSE/USA BROKER		
CALLE Y NÚMERO/ADDRESS		C.P./ZIPCODE	CALLE Y NÚMERO/ADDRESS		C.P./ZIPCODE
CIUDAD/CITY		ESTADO/STATE	CIUDAD/CITY		ESTADO/STATE
CONTACTO/CONTACT NAME	TELÉFONO/TELEPHONE		CONTACTO/CONTACT NAME		TELÉFONO/TELEPHONE

R.F.C./TAX ID	CUENTA/ACCOUNT	**SERVICIO MEXICANO/SERVICE IN MEXICO**		
FACTURAR A/BILL TO		**EMBARQUE SE CONSIDERA PRE-PAGADO A NO SER QUE SE INDIQUE LO CONTRARIO** **THE SHIPMENT IS CONSIDERED PRE-PAID UNLESS OTHERWISE INDICATED**		
CALLE Y NÚMERO/ADDRESS		PREPAGADO/PRE-PAID	POR COBRAR/COLLECT	
COLONIA/COLONY	C.P./ZIPCODE	INSTRUCCIONES ESPECIALES/SPECIAL INSTRUCTIONS	SHIPPER NO.	
CIUDAD/CITY	ESTADO/STATE		P.O. NO.	

NÚMERO DE PIEZAS / NUMBER OF PIECES	TIPO DE EMPAQUE / PACKAGING TYPE	DESCRIPCIÓN DE LA MERCANCÍA / DESCRIPTION/COMMODITIES	CLAVE UNIDAD PESO / UNIT OF MEASURE/WEIGHT	CLAVE PROD SERV / PRODUCT CODE	PESO KGS / WGT LBS	VOL M3 / VOL FT3	CLASE / NMFC CLASS

OBSERVACIONES/REFERENCE NUMBERS	RECIBIDO POR FEDEX FREIGHT/RECEIVED BY FEDEX FREIGHHT	NÚMERO DE PIEZAS/NUMBER OF PIECES	FECHA/DATE

Para información sobre transporte dentro de los Estados Unidos de américa, por favor diríjase a la página web: www.fedex.com, Artículo número 420 de las Reglas de Tarifas y a los términos y condiciones aplicables de la carta porte. La responsabilidad máxima de FedEx Freight será por el monto de cincuenta centavos de Dólar Estadounidense ($ .50) o su equivalente en moneda Mexicana (Pesos) al tipo de cambio en vigor en el lugar y la fecha de envío, por cada libra de mercancía entregada a FedEx Freight que resulte dañada o perdida, hasta un máximo de $5,000.00 (Cinco mil dólares 00/100 americanos) o su equivalente en moneda Mexicana (Pesos) al tipo de cambio en vigor en el lugar y en la fecha de envío. Asimismo, la cobertura adicional no podrá exceder $45,000.00 (cuarenta y cinco mil dolares 00/100 americanos).

For transportation portion in the USA, see www.fedex.com, Rules Tariff item 420 and for the terms and conditions of standard bill of lading that apply. FEDEX FREIGHT maximum liability shall be the amount of fifty cents of a dollar (0.50 U.S. currency or its equiuvalent in Mexican currency (pesos) at the rate of exchange which is in effect at the place and on the date of shipment) for each pound that the damaged or lost MERCHANDISE tendered to FEDEX FREIGHT weighs, in a maximum limit of U.S. $5,000.00 (five thousand dollars 00/100 U.S. currency or its equivalent in Mexican currency (pesos) at the rate of exchange which is in effect at the place and on the date of shipment. The amount of additional overage extended cannot exceed $45,000.00 U.S. dollars)

Seleccione si requiere cobertura adicional en caso de pérdida o daños./Mark if you require additional coverage for causes of damage or loss.   Sí/Yes

Valor de la cobertura adicional solicitada $/Value of additional coverage solicited $ _____   Pesos/Pesos   Dólares/U.S. Dollars

NOMBRE DEL EMBARCADOR/SHIPPER NAME	NOMBRE DEL DESTINATARIO/CONSIGNEE	FECHA/DATE

CUANDO APLICA/WHEN APPLICABLE

NOMBRE DEL DESTINATARIO/CONSIGNEE	FIRMA DEL DESTINATARIO/CONSIGNEE SIGNATURE	FECHA/DATE
NOMBRE DEL AGENTE ADUANAL MEXICANO/MEXICAN BROKER	FIRMA DEL AGENTE ADUANAL MEXICANO/MEXICAN BROKER SIGNATURE	FECHA/DATE
NOMBRE DEL AGENTE ADUANAL ESTADOUNIDENSE/USA BROKER	FIRMA DEL AGENTE ADUANAL ESTADOUNIDENSE/USA BROKER SIGNATURE	FECHA/DATE

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