空コンテナ搬出確認情報

場所 JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ

通知先 XXXXE

申込日時 yyyy/MM/dd - XX:XE

> > FAX番号 XXXXXXXXXX1E

回答日時 yyyy/MM/dd - XX:XE

電話番号 XXXXXXXXXX1E

XXXXXXXXX6XXXXXXXXE

引渡予定日 yyyy/MM/dd

コンテナサイズ XE LENGTH XE

HEIGHT XXXE

タイプ XE 名称 XXE

本数 NNE

貨物種類 XXE

荷姿 1 XXE - XXXXXXXXXXXXXXXXX

2 XXE - XXXXXXXXXXXXXXXXX

3 XXE - XXXXXXXXXXXXXXXXX

4 XXE - XXXXXXXXXXXXXXXX

5 XXE - XXXXXXXXXXXXXXXXX

運送事業者 JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ