



Shipping Instructions

SCHEDULED PICK-UP _____
(Date & Time)

WILL DELIVER _____
(Date & Time)

SHIPPER: Company Name _____
Address: _____
Tel/Fax/E-mail: _____
Contact: _____

PICK-UP LOCATION: _____
(If different from shipper) _____

CONSIGNEE: Company Name _____
Address: _____
Tel/Fax/E-mail: _____
Contact: _____

DESCRIPTION OF FREIGHT: _____

INSURANCE AMT (USD): \$ _____ DECLARED VALUE \$ _____ P.O. / Inv. No: _____

DESTINATION: _____

FREIGHT: PRE-PAID COLLECT THIRD-PARTY HAZMAT _____
(SPECIFY)

SHIP BY: AIR OCEAN INLAND INTERMODAL

NO. OF CONTAINERS & SIZE: 20ft CONTAINER 40ft CONTAINER 40ft HIGH-CUBE CONTAINER
 40ft HIGH-CUBE CONTAINER Other: _____
(SPECIFY)

DOOR-TO-DOOR DOOR-TO-AIR(PORT) AIR(PORT)-TO-AIR(PORT)

WAREHOUSE-TO-DOOR WAREHOUSE-TO-AIR(PORT)

PIECES: _____ TOTAL WEIGHT: _____ Lbs Kgs

DIMENSIONS PER PIECE: (Length X Width X Height):

Length: _____ Width: _____ Height: _____ Length: _____ Width: _____ Height: _____

Length: _____ Width: _____ Height: _____ Length: _____ Width: _____ Height: _____

PERSON COMPLETING
THIS FORM

PRINT NAME

SIGNATURE

DATE