



Shipping Information Form

1). Shipper: Please fill out complete pickup information. This must be a precise street address. If you are dropping off boxes at a local terminal, an origin address must still be specified.

Name:				
Address:				
City:	State:	Zip Code:		
Home:	Work:	Mobile:		
Fax:	Email:			

2). Consignee: Please fill out complete destination information. If you are picking up at destination port/terminal, you must still specify a destination contract address. This can be a work or family members address if necessary. The name must be of the person who is actually importing the shipment.

Name:				
Address:				
City:	State:	Zip Code:		
Home:	Work:	Mobile:		
Fax:	Email:			

3). Please indicate total value of your shipment: \$

4). Passport Number: Country:

Signature:

Additional Notes:

Pickup Date:

Number of Boxes/Pieces (if self packing):