

Shipping Information

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:			
Country:		Zip Code:	
Telephone# (s):	Home:	Work:	
	Cel:	E-mail:	
	Fax:		

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:			
Country:		Zip Code:	
Telephone# (s):		Work:	
Cell		E-mail:	
Fax			

3). Please indicate total value of your shipment.

Value: \$

4). Please, list Passport number (and country of issue) or Social Security #

Passport Number:			
or			
Social Security Number:		Country:	

Signature:

Additional Notes:

Pickup Date	<input type="text"/>	# of Boxes/Pieces (if self packing)	<input type="text"/>
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