

FOR FREIGHT SHIPMENTS ONLY

Date: _____ Time: _____ Team: _____ Team Member: _____

FROM SHIPPER'S COMPANY NAME		SHIPPER'S ACCOUNT NO.		SERIAL NUMBER	
ADDRESS					
CITY		POSTCODE / ZIP CODE		SERVICES REQUIRED	
SENT BY (NAME/DPT.)		PHONE		<input type="checkbox"/> PORT TO PORT <input type="checkbox"/> PORT TO DOOR OR <input type="checkbox"/> DOOR TO DOOR <input type="checkbox"/> DOOR TO PORT	
SHIPPER'S REFERENCE NO.				TRANSPORTATION METHOD	
				<input type="checkbox"/> AIR <input type="checkbox"/> LAND <input type="checkbox"/> SEA	
TO CONSIGNEE NAME				ORIGIN PORT	
ADDRESS				DESTINATION PORT UN NUMBER	
CITY				ALSO NOTIFY (3 RD PARTY) - NAME AND ADDRESS	
RECEIVED BY (NAME/DPT.)		POSTCODE / ZIP CODE			
		PHONE			
CONSIGNEE'S REFERENCE NO.				HAWB NO.	MAWB NO.
REMARKS / SPECIAL INSTRUCTION				PAYMENT TERMS	
				<input type="checkbox"/> PREPAID <input type="checkbox"/> CC <input type="checkbox"/> 3 rd Party Billing	
NO. AND KINDS OF PACKAGES	GROSS WEIGHT IN kilos / lbs	MEASUREMENTS IN cms / Inches	NATURE AND QUANTITY OF GOODS		INVOICE HARMONIZED CODE
TOTAL PCS.	TOTAL WEIGHT	CHARGEABLE WEIGHT	TOTAL VALUE OF GOODS	CURRENCY	
DOCUMENTS ATTACHED WITH SLI				COMPLETE WHERE REQUIRED	
<input type="checkbox"/> AUTHORIZATION LETTER		<input type="checkbox"/> INVOICE		DECLARED VALUE FOR CARRIAGE (if required)	
<input type="checkbox"/> EXPORT LICENSE		<input type="checkbox"/> PACKING LIST		INSURANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMSREGISTRATION CARD		<input type="checkbox"/> BANKING / SIGHT DRAFT		Shipment is NOT insured unless the YES box is checked and the proper insurance premium has been paid	
<input type="checkbox"/> CERTIFICATE OF ORIGIN		<input type="checkbox"/> OTHER DOCUMENTS		CUSTOMS CLEARANCE INSTRUCTIONS	
<input type="checkbox"/> L/C SHIPPING REQUIREMENTS			<input type="checkbox"/> TAX EXEMPTED <input type="checkbox"/> TEMPORARY EXPORT / DRAW BACK	
DOCUMENTS REQUIRED BY CUSTOMS				PACKING	
<input type="checkbox"/> CERTIFICATE OF ORIGIN		<input type="checkbox"/> 126 KM - REPAIR AND RETURN		IF REQUIRED, SHOULD BE DONE BY THE SHIPPER AT OWN RISK.	
<input type="checkbox"/> SALES TAX CERTIFICATE		<input type="checkbox"/> OTHER DOCUMENTS		<input type="checkbox"/> NORMAL CLEARANCE	
<input type="checkbox"/> EXPORT DECLARATION			<input type="checkbox"/> REPAIR AND RETURN	
				DOCUMENTS TO ATTACH WITH AWB	
				<input type="checkbox"/> INVOICE	
				<input type="checkbox"/> PACKING LIST	
				<input type="checkbox"/> CERTIFICATE OF ORIGIN	
				<input type="checkbox"/> DANGEROUS GOODS CERTIFICATE	
				<input type="checkbox"/> HEALTH CERTIFICATE	
				<input type="checkbox"/> OTHERS	
SHIPPER'S / SHIPPER AGENT SIG.COURIERS'S SIG. W/H KEEPER SIG. A/P STAFF SIG.					
DATE.....DATE.....DATE.....DATE.....					

REQUESTER, OR ITS AUTHORIZED AGENT, HEREBY AUTHORIZES THE ABOVE NAMED FORWARDER, IN THE REQUESTER'S NAME AND ON REQUESTER'S BEHALF, TO PREPARE ANY AND ALL SHIPPING DOCUMENTS, TO SIGN AND ACCEPT ANY DOCUMENTS, RELATING TO THE CONSIGNMENT, AND FORWARD THE CONSIGNMENT WITH THE CONDITIONS OF CARRIAGE AND THE TARIFFS OF THE CARRIERS EMPLOYED.

THE REQUESTER GUARANTEES PAYMENT OF ALL CHARGES IN CONNECTION WITH THE SHIPMENT, IN THE EVENT THAT THE PARTY RESPONSIBLE FOR PAYMENT REFUSES TO PAY ON DEMAND.