

Freight Forwarding

Please Complete and Fax the Information Below

Company Name			
Contact			
Address			
City/State/Zip			
Telephone		Fax	Email
Air/Ocean		Import/Export	
Commodity			
PCS/WGT			
DIMS			

Insurance ___ Value ___ PPD/CCX

When is Freight Ready _____

What Time Do You Close _____

Contact/Telephone for Warehouse _____

If We Are to Pick-Up, Do You Have a Dock (May Require Lifegate)

Any Special Service Needed:

Export (Ex: Banking, Legalization, Licenses, Etc.) _____

Import (Ex: FDA, USDA, FCC, DOT, Etc.) _____

Remarks: _____
