

Application for Shipping Order:

Date:

Shipper (Name/Surname):		
Company:		
Address:		
Tel:	Fax:	Email:

Consignee (Name/Surname):		
Company:		
Address:		
Tel:	Fax:	Email:

Notify (Name/Surname):		
Address:		
Tel:	Fax:	Email:

Transport Mode:		
Vessel/Flight No:		
Place of collect:	Destination Port:	
Loading Port:	Place of Delivery:	
Freight Terms:(tick)	EXW:	FOB: CFR: DAP: DDP: OTHER:
Terms of payment:	Prepaid () - Collect ()	

Any special requirment:

Marks & Nos	NO.	Description of Goods	Weight	CBM

Is this cargo hazardous? (Tick) Yes () - No ()

Cargo insurance (Tick)

() I wish my cargo to be insured.

() I do not wish to insure my cargo. I understand that in case of damages Shipping Line will not be responsible to cover the financial losses.

For personal effects we declare that No illegal or Prohibited Items will not be accepted into the shipment.

PLEASE ISSUE ORIGINAL & COPY BILLS OF LADING.

We agree on the terms and conditions of the B/Lading

Shipper's Signature: