



Shipping Order

Date: Intake By:

Shipper Info: ( ) New Customer ( ) Current Customer ( ) Current Customer Profile Update

Company Name: Address: City: State: Zip: Tel: Fax: E-mail: Contact:

ID INFORMATION: ( ) EIN # ( ) SSN ( ) Passport

Commodity Information: Year, Make, Model & Last 5 Vin. Numbers

1) 2) 3) 4)

Title Information: After Customs Clearance, send titles to: ( ) Shipper ( ) Consignee ( ) Agent ( ) Notify Party ( ) Hold for pick up ( ) Other

Type of Shipment: [ ] Consolidation [ ] Assembly/Whole Cont. [ ] Ro/Ro [ ] Air-Freight [ ] Other:

Special Instructions: ( ) NON RATED HBOL ( ) OTHER

Destination: Agent: OR ( ) Direct Consignee

Consignee Information: ( ) New Customer ( ) Current Customer Info Update

Company Name: Address: City: Zip: Country: Tel: Fax: E-mail: Contact (Full Name): Suite:

Charges: Additional Notes & Comments: Billing Information: Payment Information: Payment Method: