

DATE: _____

FMC# 3552

NAME _____

TELEPHONE# _____

WORK# _____

SHIPMENT INFORMATION

ORIGIN _____

TRUCKED TO _____

SHIPPED TO _____

DESIRED SHIPMENT DATE _____

CARGO INFORMATION

VALUE _____

LENGTH _____

NEW/USED _____

WIDTH _____

VEHICLE YEAR _____

HEIGHT _____

MAKE/MODEL _____

CU FT _____

MARINE INSURANCE YES ___ NO ___

OTHER INSURANCE _____

HAZARDOUS: YES ___ NO ___ IF YES, PLEASE SUPPLY INFORMATION

CHARGES (FOR OFFICE USE ONLY)

SHIPPING COST _____

PORT FEES _____

TRANS SHIPMENT _____

OTHER FEES _____

DRAYAGE & STUFFING _____

FREIGHT FORWARDING _____

RED HOT _____

OVERNIGHT _____

U.S. TRUCKING _____

INSURANCE _____

TOTAL: _____