

LAND FREIGHT SHIPPING ORDER

At any Land freight order placement, this form should be filled and faxed to:
961.1.489 479

PLACE OF LOADING	PLACE OF DISCHARGE
SHIPPER	CONSIGNEE
Address _____	Address _____
City _____	City _____
Zip Code _____	Zip Code _____
State _____	State _____
Country _____	Country _____
Tel: _____	Tel: _____
Fax: _____	Fax: _____
Contact Name _____	Contact Name _____
Department _____	Department _____

ORDER INFORMATION

NATURE OF GOODS		
NUMBER OF PIECES	GROSS WEIGHT	VOLUME
DATE OF DELIVERY	VALUE OF GOODS	SELLING TERMS

SERVICES

SERVICE REQUIRED	CONTAINER TYPE	PACKING	LANDFREIGHT	INSURANCE	LEGALIZATION
<input type="checkbox"/> Door to Door	<input type="checkbox"/> LTL	<input type="checkbox"/> Yes	<input type="checkbox"/> Collect	<input type="checkbox"/> Total Loss	<input type="checkbox"/> Yes
<input type="checkbox"/> Border to Border	<input type="checkbox"/> FTL	<input type="checkbox"/> No	<input type="checkbox"/> Prepaid	<input type="checkbox"/> None	<input type="checkbox"/> No
<input type="checkbox"/> Border to Door					
<input type="checkbox"/> Door to Border					

Authorized Signature & Stamp

Date: _____

Name: _____