

# SEA FREIGHT SHIPPING ORDER

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

PORT OF LOADING	PORT OF DISCHARGE
SHIPPER Address	CONSIGNEE 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	DATE OF DELIVERY
NUMBER OF PIECES	GROSS WEIGHT
CONTAINER TYPE AND SIZE	VALUE OF GOODS
	SELLING TERMS

## SERVICES

SERVICE REQUIRED	PACKING	SEAFREIGHT	INSURANCE	LEGALIZATION
<input type="checkbox"/> Door to Door	<input type="checkbox"/> Yes	<input type="checkbox"/> Collect	<input type="checkbox"/> All Risk	<input type="checkbox"/> Yes
<input type="checkbox"/> Port to Port	<input type="checkbox"/> No	<input type="checkbox"/> Prepaid	<input type="checkbox"/> Total Loss	<input type="checkbox"/> No
<input type="checkbox"/> Port to Door			<input type="checkbox"/> None	
<input type="checkbox"/> Door to Port				

Authorized Signature & Stamp

Date: \_\_\_\_\_

Name: \_\_\_\_\_