



International Shipping Questionnaire

Shipper Information

Consignee Information

First Name	
Last Name	
Street Address	
State	
Country	
Tel #	
Email	

First Name	
Last Name	
Street Address	
State	
Country	
Tel #	
Email	

Travel Information

Passport Number	
US departure Date	
Destination Arrival Date	

Shipment Information

Personal affects Value \$		
Car Value \$		
Car Value 2 \$		
Maritime Value Protection Insurance (* All Risk Requires Professional Packaging)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, please fill the followings	Household Goods for all Risks	\$ _____
	Household Goods for Complete Loss	\$ _____
	Vehicle (S) Complete Loss	\$ _____
	Vehicle (S) For All Risk	\$ _____
Do Not Hold, Forward Immediately	<input type="checkbox"/>	
Hold Till Future Notice	<input type="checkbox"/>	
Hold at Destination (+ Fees apply)	<input type="checkbox"/>	

Comments

Port to Port Or Door To Door?
