

Quotation Information Form

SHIPPER INFORMATION (EXPORTER)

COMPANY NAME _____

NAME _____

ADDRESS _____
FIRST NAME LAST NAME
ADDRESS CITY STATE ZIP CODE

PHONE / FAX _____
PHONE FAX

EMAIL _____

SSN / EIN / PASSPORT _____

RECEIVER INFORMATION (CONSIGNEE)

COMPANY NAME _____

NAME _____

ADDRESS _____
FIRST NAME LAST NAME
ADDRESS CITY STATE ZIP CODE

PHONE / FAX _____
PHONE FAX

SHIPMENT INFORMATION

MERCHANT NAME _____

WEIGHT _____ VOLUME _____

COMMERCIAL VALUE _____ H.S. CODE _____

PACKING _____
(Copy of Packing List and Commercial Invoice are preferred)

OTHER INFORMATION
