

KALINA COMMODITY INFORMATION FORM

Date: _____

Name of Purchaser: _____

Address: _____

Website: _____ Email: _____

Phone #: _____ Cell phone: _____

Owner/President/CEO, Name: _____

1. COMMODITY REQUESTED _____

Previous Purchase price (*To be verified upon request*) _____

Purchase Quantity in Metric Tons per month requested: _____

Annual Quantity in Metric Tons requested _____

Destination Port _____ C.I.F. _____ F.O.B. _____

2. COMMODITY REQUESTED _____

Previous Purchase price (*To be verified upon request*) _____

Purchase Quantity in Metric Tons per month requested: _____

Annual Quantity in Metric Tons requested _____

Destination Port _____ C.I.F. _____ F.O.B. _____

How will the Purchaser pay? TT _____ CAD _____ SBLC _____ LC _____

Is this transaction referred by another broker Yes/No: _____ Name: _____

Additional
Comments/Information _____

Information Collected by _____

PRODUCT SPECIFICATIONS