

SHIPMENT INFORMATION FORM



1. SHIPPER INFORMATION

Name / Company Name:

Full Address (Street, City, State, ZIP):

Phone Number:

Email Address:

2. RECEIVER INFORMATION

Name / Company Name:

Full Address (Street, City, State/Region, ZIP/Postal

Code, Country):

Phone Number:

3. SHIPMENT DETAILS

#	Item Description	Quantity	Price per Item (USD)	Total Price (USD)

TOTAL SHIPMENT VALUE (USD):

5. SHIPPER'S CONFIRMATION

I, the undersigned, hereby confirm that all the information provided above is accurate and complete, and I accept the shipping terms provided by PS Central Solutions.

Shipper's Name / Company Name:

Shipper's Signature: _____

Date of Form Completion: