



CARGO/GENERAL COMMODITY RATE REQUEST

Please use this form to provide information regarding a commodity/cargo shipment that requires a rate request. The more information you can provide the faster we can secure a quote. *Please contact us at least 7 days prior to shipment. We cannot insure the goods once transit has commenced.*

Commodity Description: _____

Insured Value (Invoice, Freight Etc.) US\$: _____

Cargo Is: _____ NEW _____ USED _____ RECONDITIONED

How Packed: _____ Number of Pieces/Packages/Containers: _____

Origin City, Country: _____

Destination City, Country: _____

Shipper/Insured's Name: _____

Estimated Date of Departure: _____ Estimated Date of Arrival: _____

Mode: _____ AIR _____ OCEAN _____ TRUCK

AWB-OBL-Booking Number (if available): _____

Flight/Voyage Number: _____

Forwarder File/Reference Number: _____

Container Number/Seal Number/Loss Payable (if available): _____

Additional Information: _____

Company Name: _____ **Your Name:** _____

Email: _____ **Tel:** _____