



800 S. Douglas Rd., Ste 850, Coral Gables, FL 33134

BOOKING REQUEST

PARTY DETAIL INFORMATION

Shipper (complete name & address)	Consignee (complete name & address)
Notify Party (complete name & address)	2nd Notify Party (complete name & address)

TRANSPORT PLAN INFORMATION

Requested Vessel Departure Date (DD/MM/YYYY)		
Vessel	Voyage No.	Place of Receipt
Port Of Loading	Port Of Discharge	Place of Delivery
Movement Type		

EQUIPMENT AND CARGO INFORMATION

Quantity	Container Size	Container Type	Packs
Description of Goods / Commodity		Gross Weight (KGS)	Measurement (CBM)

PAYMENT INFORMATION

Service Contract (SC) No.	Owner of the Contract	Payment Term (Prepaid/ Collect)
Freight Component	(Please select one)	
	Prepaid	Collect
Origin Charges	<input type="checkbox"/>	<input type="checkbox"/>
Basic Freight Charges	<input type="checkbox"/>	<input type="checkbox"/>
Destination Charges	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL CARGO COMMODITY INFORMATION

For DG (HAZARDAOUS) CARGO, please fill the below: IMO : UN No. : Fumigant (if any) :
For REEFER CARGO, please fill the below: Temperature set (C°) : Humidity (%) : Ventilation (CBM/HR) :
For OOG (Out Of Gauge) CARGO, please fill the below: Dimension of Cargo (in Cm) : Length: Width:

Height: