

FCL SEA FREIGHT BOOKING FORM

BOOKING INSTRUCTION: PHONE FAX E-MAIL LETTER

CUSTOMER: _____ CONTACT: _____

PHONE NUMBER: _____ FAX NUMBER: _____ QUOTE NO.: **Q0** JOB NO.: **BSEJ0**

DATE: _____ TIME: _____ TAKEN BY: _____ FINAL DEST.: _____

CARRIER: _____ CONTACT: _____

PHONE NUMBER: _____ FAX NUMBER: _____ HAULIER: _____

LINE REFERENCE: _____ RELEASE REFERENCE: _____

EMPTY COLL. (ADDRESS):

COLLECTION (ADDRESS):

DELIVERY (ADDRESS) :

DATE TIME REF.

OFFICE USE ONLY

VESSEL (NAME) :

L/C : Y / N LATEST SHIPMENT DATE : _____
EXPIRY : _____

POL :

CLOSE OUT : _____ TIME : _____

POD :

ETS :

FINAL DEST.:

ETA :

SPECIAL INSTRUCTIONS :

ETA FINAL DEST.:

NES: FCL / SHIPPER'S OWN SSN : Y / N
UCR NO.:

CONTAINER(S):

GWT :

NWT :

DIMS :

CBM :

STAT VAL :

CARGO:

HAZARDOUS: Y / N

IMCO CLASS: UN NO. :

PKG GRP :