

Quotation Request Form

Client Details

* Name of company :

* Contact Person:

* Address:

* Telephone:

Fax:

* E-mail:

Website :

Freight Details

Kind of Service:

- Shipping*
- Forwarding*
- Customs Clearance*
- Transit*
- Transshipment*

Type of Transport:

- Air freight*
- Sea freight FCL*
- Sea freight LLC*
- Rail*
- Truck*
- Sea/Air*

Transportation from:

Transportation to:

Terms of Shipment:

- Door-to-door*
- Door-to-port*
- Port-to-door*

Description of Cargo:

Gross Weight: _____

Volume (cubic metres): _____

Packaging: _____

Time Frame: _____

Hazardous Cargo: _____

Incoterms:

- F.O.B.*
- C.I.F*
- Ex-Works*

Terms of Payment _____

Comments: _____

** Mandatory Fields*