**CARGO OWNER’S INFORMATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Port of Loading |  | Equipment Size |  |
| Destination |  | Commodity |  |

**DETAILS OF CARGO OWNER/SHIPPER**

|  |  |
| --- | --- |
| Company Name(If Applicable) |  |
| First Name |  | Last Name |  |
| Address |  |
| City |  | State |  | Zip |  |
| Telephone No. |  | Fax No. |  |
| Email Address |  |
| EIN No./Tax ID No. or Passport No. \*\*\*Please provide a copy \*\*\* |  |

**CARGO LOADING LOCATION**

|  |  |
| --- | --- |
| Loading Address |  |
| City |  | State |  | Zip |  |

Referred by:

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | Contact Person |  |

**DETAILS OF CONSIGNEE/RECEIVER AT THE PORT OF DESTINATION**

|  |  |
| --- | --- |
| Company Name(If Applicable) |  |
| Name |  |
| Address |  |
| Telephone No. |  | Fax No. |  |
| Email Address |  |

**CARGO DETAILS**

DETAILS FOR AUTO SHIPMENTS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| YEAR | MAKE | MODEL | VIN | TITLE NO. | VALUE | WEIGHT |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |   |  |
|  |  |  |  |  |  |  |

FOR CARGO OTHER THAN VEHICLES

|  |  |  |  |
| --- | --- | --- | --- |
| NO. OF PIECES | LIST OF ITEMS | VALUE | WEIGHT |
|  |  |  |  |
|  |  |  |  |

I/We certify that the above furnished information is true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |