

EXPORT REQUEST FORM

Fax to: (617) 500-9939 or Email to: info@TLCoverseas.com

DATE: _____ CONTAINER SIZE: 20' _____ 40' _____ 40'H _____

PORT OF LOADING: _____ PORT OF DESTINATION: _____

COMMODITY/PRODUCTS (provide details, piece count, any description required on separate sheet or email)

VALUE OF SHIPMENT: USD

AUTO PARTS/ AUTOS / MOTORIZED UNITS TO LOAD IN CONTAINER: YES _____ NO _____

BOOKINGS FOR CONTAINERS OF AUTOS / MOTORIZED UNITS, WILL BE PROVIDED AFTER RECEIPT OF TITLES AND REQUIRED CUSTOMS INFORMATION.

EXPORTER / SHIPPER (is the company and /or person shipping from the USA)

COMPANY: _____

NAME OF PRINCIPAL CONTACT: _____

EIN (Federal Employer Identification Number) : _____

ADDRESS: _____

TELEPHONE: _____ FAX/EMAIL _____

COSIGNEE (is the company and/or person receiving shipment overseas)

COMPANY : _____

NAME : _____

ADDRESS : _____

TELEPHONE: _____

PARTY TO NOTIFY (overseas)

NAME : _____

TELEPHONE: _____



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