



41-11 30th Avenue • Astoria • NY 11103 • Tel. (347) 242 2600 • Fax (347) 242 2414 • www.demars-intl.com

Please complete this with Air Cargo Shipment Information Sheet and attach Commercial Invoice and/or Packing List with Value Declaration to expedite your shipping arrangements. Thank you.

Shipper is responsible for any and all charges resulting from, but not limited to all actions by US Customs and Border Protection in ordering return of shipment to US and pre or post shipping inspection of shipment. Shipper authorizes Demars International, Inc. to screen whole shipment tendered for transportation by Air.

1. SHIPPER'S INFORMATION:

Name and/or Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Tel.: () _____ **Fax:** () _____ **Email :** _____

Shipper's SSN: - - _____ **Or Company's ID (IRS#):** _____

(Please note that this field is required when total value of shipment exceeds \$2,500.00!)

Photo ID#: _____ **(Drivers License, Passport, Resident Alien Card)**

(Please provide a copy of your photo ID)

2. CONSIGNEE'S INFORMATION (RECEIVER OVERSEAS):

Name and/or Company: _____

Address: _____

_____ **Country:** _____

Tel.: () _____ **Fax:** () _____

3. CARGO INFORMATION:

Commodity: _____

Number of pieces: _____ **Total weight in kilos:** _____ **Total value: \$** _____

Insurance: Yes No **If Yes - Declare Value for Insurance: \$** _____

Airport of destination: _____ **Final Destination:** _____

Address of Pick-up location: _____

City: _____ **State:** _____ **Zip:** _____ **Pick-up date:** _____ **and time:** _____

Dimensions and weight of each piece and detailed description of content:

(If you need more space, please add extra sheet of paper)

Does shipment include any restricted and/or dangerous cargo such as: explosives, arms, radioactive substances, dry ice, flammables, corrosives, compressed gases, perishables, live animals, etc.? Yes No

If yes, please specify: _____

If Shipper does not pay for Cargo Insurance, carrier liability is limited up to \$ 20.00/Kg.

Date: _____

Signature: _____