



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

**Please complete this Small Package Cargo Shipping Information Sheet (LCL) and attach Commercial Invoice and/or Packing List with Value Declaration to expedite your shipping arrangements. 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 will not hold Demars International, Inc. responsible for any delays in delivery to final destination.**

**1. SHIPPER'S INFORMATION (SENDER):**

Name and/or Company: \_\_\_\_\_ E-mail: \_\_\_\_\_  
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!)*

**2. CONSIGNEE'S INFORMATION (RECEIVER):**

Name and/or Company: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Tel.: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**3. CARGO INFORMATION:**

Commodity: \_\_\_\_\_  
Number of pieces: \_\_\_\_\_ Weight: \_\_\_\_\_ Volume: \_\_\_\_\_  
Port of Delivery: \_\_\_\_\_ Final Destination: \_\_\_\_\_  
Insurance: Yes  No  Please declare value of shipment: \$ \_\_\_\_\_  
Please specify weight and dims of each piece:

Special Handling: Yes  No  Instructions: \_\_\_\_\_  
Will you deliver to our Newark, NY Terminal? Yes  No   
Do you need a pick up at an address of your choice? : Yes  No   
Name/Company where to pick it up: \_\_\_\_\_ Tel.: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ When it will be ready: \_\_\_\_\_  
Does shipment include any restricted and/or dangerous cargo such as: armaments, ammunition, explosives, radioactive substances, dry ice, flammables, corrosives, compressed gases, perishables, live animals, arms, etc.? Yes  No   
If yes, please specify: \_\_\_\_\_

**I understand that if I do not choose to purchase cargo insurance, Demars International, Inc. liability shall be limited to \$ 0.10 per pound, not to exceed \$ 500.00 per Bill of Lading. Paying shipping charges do not include any destination charges that may be assessed on pick up overseas for such services as unloading of container, warehousing, Customs Brokerage, etc.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Received by: \_\_\_\_\_ Paid \$: \_\_\_\_\_