

Date: _____

145 Hook Creek Blvd. Bldg.# C5C, Valley Stream, NY 11581 Tel: 347 242 2600, Fax: 347 412 7567 E-mail: info@pinki-enterprises.com www.demars-intl.com

Please complete this with Ocean Cargo Shipment Information Sheet 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 United States and pre or post shipping inspection of shipment and/or Customs procedures at destination.

City: State: Zip Code:						
Tel.: ()	Fax: ()		E-mail :			
Shipper's EIN #	Or Fore	ign Passport#_				
2. CONSIGNEE'S INFORMATI Name and/or Company:	-	Address:				
Tel.: ()	E-m					
3. CARGO INFORMATION: Commodity:						
Container size: (20'or 40'), I Port of Discharge: Additional Instructions: Insurance: Ves No If Yes	Final	Destination:				
Insurance: Yes \square No \square If Yes Container Loading Address:	S – Deciare value for	City:		State:	 Zip:	_
Container to be positioned (droppe	d) on:	(da	ıte),		(time)	
and pick	ed up:	(da	ıte),		(time)	
Mark here if "live" loading:				xtra hours a	additional). Di	ropping
container from morning to evening Please check if loading permit is				er loading	Shipper MUS	T obev
traffic and other regulations and is			or contain	ici ioading.	Simpper Wes	,1 00Cy
Please note: If shipping motor veh Lien) or you have to provide Lien be loaded last, next to the door and recommend taking photos of loading	icle, please provide Holder's letter stand d secured (strapped)	Original Certifice ding that their in inside container	nterest has r, fuel draii	been satisfiened and batte	ed. Automobile ery disconnect	e has to ted. We
dba Sail Container Line responsible						,
Please declare value and provide sp						
Does shipment include any restric flammables, corrosives, compress Yes □ No □		es, live animals,	, arms, am	munition, li		
If yes, please specify:						

Signature: