

30-62 Steinway Street. Suite A (2nd Floor), Astoria, NY 11103

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Please complete this Small Package Cargo Shipping Information Sheet (LCL) and attach Commercial Invoice and/or Packing List with Value Declaration. Shipper is responsible for any and all charges resulting from, but not limited to all actions by US Customs and Border Protection in pre or post shipping inspection of shipment and inspection actions of Customs overseas. Shipment will be loaded and shipped in our Consolidated containers and Shipper will not hold Pinki Enterprises, Inc. dba Sail Container Line responsible for any delays in delivery to final destination.

| 1. SHIPPER'S INFORMAT                               | ION (SENDER):   |                       |                       |
|---|---|-----------------------|-----------------------|
| Name and/or Company:                                |   | E-mail:               |                       |
| Address:  |   | City:                 | State:                |
| Zip Code: Tel                                       | l.: ( )   | Email:                |                       |
| Shipper's EIN #                                     | Or Passp  | ort #:                |                       |
| (Please note that th                                | his field is required when total                          | l value of shipment e | exceeds \$2,500.00!)  |
| 2. CONSIGNEE'S INFORM                               | IATION (RECEIVER):  |                       |                       |
| Name and/or Company:                                |   | E-mail:               |                       |
| Address:  |   |                       |                       |
|   |   |                       |                       |
| 3. CARGO INFORMATION Commodity:                     |   |                       |                       |
| Number of pieces:                                   | Total Weight:   | Total Vo              | olume:                |
| Port of Delivery:                                   | Final Destination   | ation:                |                       |
| Insurance: Yes - No -                               | Please declare value of                                   | shipment: \$          |                       |
|   | l dimensions of each piece (u                             |                       |                       |
| Do you need a pick up at a<br>Name/Company where to | selle, NJ Terminal? Yes                                   | Yes                   | -                     |
|   |   |                       |                       |
|   | ode: When it will   | be ready:             |                       |
| Tracking Number(s):                                 |   |                       |                       |
| _   | ny restricted and/or dangero                              |                       | -                     |
| perishables, live animals,                          | r toxic substances, dry ice, lithium batteries, etc.? Yes | □ No □                |                       |
| Lunderstand that if I do no                         | ot choose to purchase cargo i                             | nsurance Pinki Ente   | ernrises Inc dha Sail |
|   | all be limited to \$ 0.10 per po                          |                       | =                     |
|   | lo not include any destination                            |                       |                       |
|   | s as THC, unloading of contai                             |                       | <del>-</del>          |
| ···   | all charges resulting in US Cu                            | _                     |                       |
| Date:   | Signat  | ure:                  |                       |
| Received by:  | Date:   | Paid \$:              |                       |