



SHIPPER / SENDER / SELLER

Name:

Street address

City State Zip Code

Country

Phone Email

CONSIGNEE / RECEIVER / BUYER

Receiver:

Street address

City State Zip Code

Country

Phone Email

SHIPMENT INFORMATION

Origin Destination:

Door Pick up required ? YES NO

Cargo/Product Description or
Year/Make/Model for vehicles/boats

Shipment value

**Attach copy of BILL OF SALE / COMMERCIAL INVOICE
or VALUED PACKING LIST**

Insurance YES NO

**PLEASE BE ADVISED THAT THE CARRIER'S LIABILITY IS LIMITED TO \$ 500.00
IF YOU DECLINE INSURANCE TRANSATLANTIC SHIPPING CORP.
WILL NOT ACCEPT ANY RESPONSIBILITY FOR LOSS OR DAMAGE.**

******* ALL SHIPMENTS MUST BE PREPAID *******