

Send a request

1 * **Type of transport:**

If else -

By Company:

2 * Company:

3 * Telephone:

4 e-Mail:

5 Contact person:

Consignor/Exporter

6 Company:

7 ZIP Code:

8 * City:

9 * Country:

Address of loading - please, enter only if different from the address of the Consignor

10 Company:

11 ZIP Code:

12 City:

13 * **Ready for loading on:**

Address of receipt of the shipping documents - please, enter only if different from the address of loading

14 ZIP Code:

15 City:

Consignee/Importer

16 Company:

17 ZIP Code:

18 * City:

19 * Country:

Address of discharge - please, enter only if different from the address of the Consignee

20 Company:

21 ZIP Code:

22 City:

Payer of the freightage

23 * Company:

24 ZIP Code:

25 City:

26 Idea for
freightage:

27 Preferred
payment
manner:

28 Preferred
payment term:

Cargo:

29 * Type of
cargo:

30 Customs Tariff
Number:

31 * Class ADR:

32 * UN number:

33 * Opportunity
for loading on the
commodities: ☐ Yes ☐ No

34 *
Temperature
mode:

35 Sizes in cm (L
X B X H):

36 Number of
parcels:

37 Total volume
in m³:

38 Loading
meters:

39 * Total Gross
weight in KG:

40 **Additional
instructions
about the
cargo:**

Additional requirements

41 For the type
of motor vehicle:

42 For the route:

Additional services

43 Cargo ICC(A)
insurance: ☐

44 Storage at
Customs
warehouse: ☐

45 Logistic services: ☐

46 Transit: ☐

47 I would like to meet a forwarding consultant in person: ☐

48 I would like a phone contact with a forwarding consultant: ☐

49 Date of filing the request:

50 * Place of filing the request: