



Air Export Booking Form

Customer Information:

*First Name: _____ *Last Name: _____

*Company: _____

*Street: _____ *City: _____ St/Prov: _____ Postal Code: _____

*Tel: _____ Fax: _____ Email: _____

Shipper / Consignee Information:

*Shipper's Name: _____

*Consignee's Name: _____

*Address: _____

*Address: _____

*City: _____ St/Prov: _____

*City: _____ St/Prov: _____

*Country: _____

*Country: _____

*Tel: _____ Fax: _____

*Tel: _____ Fax: _____

Shipment Information:

Airport of Departure: _____ Airport of Arrival: _____

*Service: Door-to-Door Door-to-Port Port-to-Door Port-to-Port

*Terms of Sale: CFR – Cost & Freight CIF – Cost, Insurance, & Freight CIP – Carriage & Insurance Paid

CPT – Carriage Paid DAF – Delivered At Frontier DDP – Delivered Duty Paid DES – Delivered Ex-Ship

DDU – Delivered Duty Unpaid DEQ – Delivered Ex-Quay EXW – Ex-Works FAS – Free Alongside Ship

FCA – Free Carrier FOB – Freight on Board Unknown

*Commodity: _____

*Is This Cargo Hazardous/DG Cargo: _____

Insurance: Yes No

*Cargo Ready Date: _____ *Warehouse Hours: _____ *Appt Needed: _____

Comments/Special Handling Instructions:

Cargo Information (Please Use Whole Numbers for Dimensions):

*Size Unit: Inches CM Feet Meter

*Weight Unit: Kgs Lbs

*Count: _____ *Type: _____ *Length: _____ *Width: _____ *Height: _____ *Weight: _____

Count: _____ Type: _____ Length: _____ Width: _____ Height: _____ Weight: _____

Count: _____ Type: _____ Length: _____ Width: _____ Height: _____ Weight: _____

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Count: _____ Type: _____ Length: _____ Width: _____ Height: _____ Weight: _____

Count: _____ Type: _____ Length: _____ Width: _____ Height: _____ Weight: _____

- Bags
 - Bundles
 - Cartons
 - Cases
 - Crates
 - Drums
 - Other
 - Packages
 - Pallets
 - Skids
 - Unpacked

Please verify all information is correct. Once completed, please fax to 773-784-1601 or email to dshake@pgl-llc.com

A PGL representative will email or fax you your booking confirmation within 4 hours of receiving your completed booking form.

Please contact our office with any questions.

Name: _____

Title: _____

Signature: _____

Date: _____