AIR FREIGHT G.C. RATE REQUEST/ BOOKING FORM

Order#:

UniGroup Worldwide UTS — The world moves with us.℠

**Complete all necessary information*

Date Req. _____ Time Req. _____ Agency # _____ Contact: _____

Service Requested: Air - Priority: ☐ Standard: ☐ Hazardous Y/N: _____

Commodity Description: _____

SHIPPER / ORIGIN PICK UP LOCATION **DATE:** _____ Pick up Cartage Co.: _____

EIN # _____

Name: _____ **MAWB#** _____

Leg 1: _____

Address: _____ **Leg 2:** _____

Leg 3: _____

City: _____ State: _____ **Leg 4:** _____

Zip: _____ **Shpt originates from**

Contact: _____ ☐ Ground ☐ Indicate

Country: U.S.A. ☐ Dock floor level

Phone: _____ ☐ Port

CONSIGNEE / DESTINATION INFORMATION **DESTINATION AIRPORT:** _____

Delivery Date: _____

Name: _____ **MAWB CONSIGNMENT INSTRUCTIONS:**

1 _____

Address: (see consignment instructions) **2** _____

3 _____

City: _____ State: _____ **4** _____

Zip: _____ **5** _____

Contact: _____ **6** _____

Country: _____

Phone:

Rate: Airfreight: _____ Pick up: _____ Linehaul: _____ Other: _____

Chrg: Airfreight: _____ Pick up: _____ Linehaul: _____ Other: _____

Rate: Airfreight: _____ Pick up: _____ Linehaul: _____ Other: _____

Chrg: Airfreight: _____ Pick up: _____ Linehaul: _____ Other: _____

Gross Weight & Crated Dimensions of shipment (if mode of transportation is AIR, LCL, or LTL information is required)

Tot. pcs: _____ Tot. gross weight: _____ lbs. (air) Gross kilos 0

Pieces	Length	Width	Height	Weight lbs.	Cube	(vol. Wgt.) in kilos
					0	0
					0	0
					0	0
					0	0
					0	0
					0	0
					0	0
					0	0
					0	0
					0	0

Total Value: _____

Insurance: ☐ YES NO ☐

Insured Amt. Req.: _____

Documents provided for booking:

Commercial Invoice: ☐

TSA Form: ☐

Export Declaration: ☐

Tot. Pcs.	**Tot.Wgt.**	**Tot. Cube**	**Tot. kilos**
0	0 lbs	0 cu	0 kilos