

**GENERAL CARGO RATE
REQUEST & BOOKING FORM**



Fax to: (636) 305-6074

Date Req: _____ Agency #: _____ Contact: _____ Phone: _____

Service Requested: Air- Priority: Standard:
 Ocean- FCL: Size _____ LCL:
 Ground- FTL: Size _____ LTL:

Commodity Description: _____ Hazardous Y/N: N
 (if Y, call for quote)

SHIPPER / ORIGIN INFORMATION / PICK UP DATE: _____ ORIGIN SERVICE INFORMATION:

Company _____ Time Specific: _____ (check all that apply)
 Name: _____ Packing Air Ride Truck
 Address: _____ Crating Special Equipment (specify below)
 City: _____ State: _____ Inside pick up
 Country: _____ Zip: _____ Lift Gate Req.
 Contact: _____ Ground Indicate
 Phone: _____ Dock floor level

Special ORIGIN Service Requirements (be specific / detailed as it relates to your needs):

**NOTE: ALL PRODUCT SHIPPED
MUST BE PACKED OR CRATED
UNLESS SPECIFIED.**

CONSIGNEE / DEST. INFORMATION / DELIVERY DATE: _____ DESTINATION SERVICE INFORMATION:

Company _____ Specified Delivery Time: _____ (check all that apply)
 Name: _____ Uncrating Air Ride Truck
 Address: _____ Debris Removal Special Equipment (specify below)
 City: _____ State: _____ Inside delivery
 Country: _____ Zip: _____ Lift Gate Req.
 Contact: _____ Ground Indicate
 Phone: _____ Dock floor level

Special DESTINATION Service Requirements (be specific / detailed as it relates to your needs):

Declared Value.\$ _____
 (for customs purpose)
Insurance: YES NO
 Insured Amt.\$ _____

Note: Subject to the terms & conditions of the Warsaw Convention.

Gross Weight & Packed / Crated Dimensions of shipment REQUIRED

Tot. pcs: _____ Tot. gross weight: _____ lbs (air)
 (vol. Wgt.)

Pieces	Length	Width	Height	Weight	in kilos	Cubic ft.
					0	0
					0	0
					0	0
					0	0
					0	0
					0	0
					0	0
					0	0
					0	0
					0	0

Tot. Pcs. 0 **Tot.Wgt.** 0 lbs **Tot. Vol.** 0 kg **Tot. CF** 0

Billing Instructions (Bill to):
 National Account: _____
 Prepaid (Billed to Booking Agency)

For UniGroup Use Only:
CARRIER _____
 Rate _____
 Customs _____
 D/A _____
 O/A _____
 Other _____
TOTAL _____
 UGWW FF _____
 AGT BKG _____