



Interfreight Logistics

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Application for Shipping Order:

Date:

Shipper:		
Address:		
Tel:	Fax:	Email:

Consignee:		
Address:		
Tel:	Fax:	Email:

Notify:		
Address:		
Tel:	Fax:	Email:

Vessel/Flight No:

Destination:

Freight Terms:

Marks & Nos	NO.	Description of Goods	Weight	CBM

Please issue us Original and copies B/Lading
We agree to the Terms and Conditions of the Bill of Lading

Signature: