

RATE REQUEST

Please fill in the enclosed form for any freight requirement. One of our Customer service team will be in contact shortly .

*Company Name:

*Contact Person:

*E-mail Address:

*Phone:

*Description of Goods:

*Origin Port:

*Destination Port:

*FCL / LCL / AIR Freight / Bulk / Vehicles:

*Equipment Type:

*Transshipment Permitted:

Measurement:

Weight:

No.Pieces:

Comments: