

# Shippingtohungary.com

## CARGO SHIPPING RATE REQUEST FORM

### Shipper and Consignee Information:

Origin - Shipper

Destination - Consignee

Contact Name:	<input type="text"/>	<input type="text"/>
Telephone:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	<input type="text"/>
State, Zip:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>

### Shipment - Cargo Information:

Expected shipment date:	<input type="text"/>
Description of cargo - Commodity:	<input type="text"/>
Mode of transportation to be used:	<input type="text"/>
Type of move:	<input type="text"/>
Full Container: <input type="radio"/> Loose Freight: <input type="radio"/>	
Your cargo require trucking service ?	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>
Full Container:	<input type="text"/>
Customs Clearance Assistance Required at Destination?	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>

**Cargo - Size, Weight and Value:**

Number of cartons:  Number of pallets:

**Dimensions:**

Unit of Measure : Inches:  Centimeter:

Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>
Length:	<input type="text"/>	Width:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Value:	<input type="text"/>

Insurance Required?  Yes  NO Amount \$

**Insurance cost will be 3 % of the value with \$ 500.00 deductible.**

**Special Instructions, Information, Conditions, Note**

**Please number and mark each box with your name and contact information.**