



Shipping Instructions

Collection Address:	Contact Address at Destination:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Mobile:	Mobile:
Email:	Email:
Address in U.K. After Collection (if any):	Delivery Address (if different from above):
Until (date):	Date of Arrival:
Telephone:	Telephone:

Service Required	Air <input type="checkbox"/>	Sea <input type="checkbox"/>	Road <input type="checkbox"/>
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Terms	Door to Door <input type="checkbox"/>	Door to Port/Airport <input type="checkbox"/>
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Storage Required At Origin	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Until (enter date)	

Insurance Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Total value for insurance	£
	I have read and accept the terms of the policy <input type="checkbox"/>	

I accept your quotation and I have read and agree to your terms and conditions:

I understand that my goods may be subject to Quarantine or Customs inspection fees, import duty or taxes and any other Government levies and that I am responsible for such fees if applicable.

Signed: _____ Date: _____

Full Name: _____

Reference/Client ID.: _____