



## CSMi Overseas Shipping Instructions

Booking Request			
Distributor:			
City:			
Country:			
Shipment Contact:		Tel:	
Email:			
Shipping Details			
Requested Ship Date:			
Ship Via:	<input type="checkbox"/> Ground	<input type="checkbox"/> Air	<input type="checkbox"/> Ocean
Ship How:	<input type="checkbox"/> Door to Door	<input type="checkbox"/> Door to Dock	<input type="checkbox"/> Door to Airport
Dock or Airport Name:			
Payment:	<input type="checkbox"/> Freight Collect	<input type="checkbox"/> Prepay & Add	
Insure for this amount (USD):			
Shipping Company:		<input type="checkbox"/> CSMi Shipper	
Your Account Number:			
Shipper US Contact:			
Shipper US Phone:			
Shipper US Email:			
Ship To Address (Appear on Shipping Label)			
Company Name:			
Address:			
City:			
State and Zip Code:			
Country:			
Contact:		Tel:	
Customer Name (End User)			
Customer Name:			
City:			
State and Zip Code:			
Country:			
Contact:		Tel:	
Email:			