



**Telephone:** Toll-free at 1-866-638-1649, or from outside the U.S., call 512-535-1521. Our main office hours are 9AM- 5PM EST, Monday - Friday, U.S. time.

**Fax:** Dial 1-512-233-0596, 24 hours a day to fax documents to us.

**Email & Website:**  
info@worldwide-ship.com  
www.worldwide-ship.com



PLEASE TYPE OR PRINT CLEARLY. CAREFULLY READ INSTRUCTIONS ON PAGE 4, BEFORE COMPLETING THIS FORM.

<b>I. GENERAL</b>			
DATE	A	PERSON REQUESTING EXPORT	B
DATE OF PICKUP/DELIVERY	C	TIME OF PICKUP/DELIVERY	D

<b>II. SHIPPER INFORMATION</b>			
NAME		A	
STREET		B	
CITY, STATE AND POSTAL CODE		B	
PHONE	C	FAX	C

<b>III. CONSIGNEE INFORMATION</b>			
NAME		A	
STREET		B	
CITY, COUNTRY AND POSTAL CODE		B	
PHONE	C	FAX	C

<b>IV. CARGO INFORMATION</b>			
TYPE OF CARGO	A	MEASUREMENTS / WEIGHT	B
SPECIAL INSTRUCTIONS			C

<b>V. LOADING / DESTINATION INFORMATION</b>	
LOADING WAREHOUSE / PORT OF LOADING	A
DESTINATION WAREHOUSE / PORT OF DESTINATION	B

<b>VI. MARINE INSURANCE (PLEASE MARK CLEARLY)</b>			
DO YOU REQUIRE MARINE INSURANCE?	<input type="checkbox"/> YES	A	<input type="checkbox"/> NO
			B
			CARGO VALUE AT DESTINATION IN US \$
			C

<b>VII. CHARGES (PLEASE MARK CLEARLY)</b>			
FREIGHT CHARGES PAYABLE	<input type="checkbox"/> PREPAID	A	<input type="checkbox"/> COLLECT
			B (COLLECTION FEE OF \$ 30-\$75 WILL APPLY)
MODE OF PAYMENT	<input type="checkbox"/> BANK WIRE	C	<input type="checkbox"/> CHECK
			C <input type="checkbox"/> CASH
			C, SORRY, NO CREDIT CARDS)

PLEASE TYPE OR PRINT CLEARLY. CAREFULLY READ INSTRUCTIONS ON PAGE 4, BEFORE COMPLETING THIS FORM.

**VIII. FREIGHT CHARGES (FOR OFFICIAL USE ONLY)**

OCEAN FREIGHT	MARINE INSURANCE	OTHER
PICK UP	ON-CARRIAGE	<b>TOTAL</b>

**IX. STATUTORY DECLARATION**

I CERTIFY THAT THIS SHIPMENT DOES NOT CONTAIN ANY EXPLOSIVES, WEAPONS, DRUGS, HAZARDOUS MATERIALS OR PRODUCTS BANNED FOR EXPORTATION WITHOUT LICENSE BY THE U.S. GOVERNMENT.  
 I CERTIFY THAT THIS SHIPMENT IS NOT OVERWEIGHT AND THAT ALL COSTS FOR OVERWEIGHT FINES AND TICKETS, RE-LOADING ETC. ARE AT THE EXPENSE OF SHIPPER / CONSIGNEE.  
 I CONSENT TO A SEARCH, IF REQUIRED BY THE U.S. CUSTOMS SERVICE, U.S. COAST GUARD ETC. ALL COSTS ARE AT THE EXPENSE OF SHIPPER / CONSIGNEE.

INITIAL: \_\_\_\_\_

**X. MARINE INSURANCE**

ALL INSURANCE CLAIMS MUST BE MADE WITHIN 48 HOURS OF CARGO RELEASE. INSURANCE CLAIMS MUST BE MADE TO THE INSURANCE AGENT AT DESTINATION. PLEASE NOTE THAT THERE ARE DEDUCTIBLES ON CERTAIN CARGO OR DESTINATIONS. PLEASE ASK US FOR DETAILS.  
 I UNDERSTAND THAT BY WAIVING MARINE INSURANCE, WORLDWIDE SHIPPING AGENCY OR ANY OF ITS AGENTS OR VENDORS CAN NOT BE HELD LIABLE FOR CARGO DAMAGES, THEFT OR LOSS.

INITIAL: \_\_\_\_\_

**XI. DESTINATION CHARGES**

ANY CHARGES AT DESTINATION SUCH AS PORT FEES, SERVICE CHARGES, DUTIES AND TAXES ARE ADDITIONAL AND ARE ON THE SHIPPER / CONSIGNEE EXPENSE.  
 AN INDICATION OF DESTINATION CHARGES CAN BE MADE UPON REQUEST BY WORLDWIDE SHIPPING AGENCY OR ITS AGENTS.

**XII. FREIGHT CHARGES**

PREPAID CHARGES MUST BE PAID PRIOR CARGO BEING LOADED ON BOARD OF INTENDED VESSEL.  
 FURTHER, ANY FREIGHT CHARGES NOT PAID AT LEAST 3 DAYS PRIOR VESSEL ARRIVAL MAY DELAY CARGO RELEASE WHICH MAY ADD ADDITIONAL CHARGES AS DEMURRAGE, STORAGE OR OTHER TO THE SHIPPER/CONSIGNEE EXPENSE.  
 FREIGHT CHARGES PAYABLE AT DESTINATION (FREIGHT COLLECT) ARE SUBJECT TO COLLECTION FEES.

PLEASE NOTE THAT LOCAL (FLORIDA) CHECKS MAY TAKE AT LEAST 2 DAYS, OUT OF STATE CHECKS AT LEAST 5 DAYS AND WIRE TRANSFER AT LEAST 2 DAYS, BUT UP TO 3 WEEKS (DEPENDING ON TYPE OF WIRE TRANSFER) TO CLEAR.

INITIAL: \_\_\_\_\_

I HAVE READ AND AGREE TO THE CONDITIONS ON ALL 2 PAGES (PAGE 2 AND 3) AND ARE BOUND BY THE TERMS OF THIS AGREEMENT.  
 I AM AWARE THAT THIS SIGNED DECLARATION ALONG WITH RELEVANT SHIPPING DOCUMENTS WILL BE RETAINED ON FILE AS REQUIRED BY LAW.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE



# How to prepare this form?

## I. GENERAL

- A. Enter today's date.
- B. Enter the name of the person requesting the export shipping.
- C. Enter the date you want the container delivered or the date you like to deliver the cargo to the terminal.
- D. Enter the time window when you would like container delivery or like to deliver your cargo.

## II. SHIPPER INFORMATION

- A. Enter the name of the sender (shipper of record) or name of pick up location.
- B. Complete all address information including ZIP (postal) code and country .
- C. Enter complete telephone and fax number including area codes.

## III. CONSIGNEE INFORMATION

- A. Enter the name of the recipient / contact person (consignee) at destination
- B. Complete all address information including ZIP (postal) code and country .
- C. Enter complete telephone and fax number including country area codes.  
*To prevent delivery delays, the consignee's telephone number must be included.*

## IV. CARGO INFORMATION

- A. Enter the type of cargo/commodity. For example, personal effects, marine parts, etc.
- B. Enter the measurements/container size you require. For example 20' container or 1 pallet 48" x 40" x 40"
- C. You may enter Special Instructions, for example: condition of cargo, hazardous information, over-weight etc.

## V. LOADING / DESTINATION INFORMATION

- A. Enter the terminal where your cargo is shipped from.
- B. Enter the terminal where your cargo is shipped to.

## VI. MARINE INSURANCE (Select one option only.)

- A. Please mark a large "X" in the selected box. If not previously quoted please call our office for insurance rates.
- B. Please mark a large "X" in the selected box. If you choose NO, there will be no coverage! Please see article X.
- C. Enter the cargo value in US\$. Please use the cargo value at destination to determine the correct value.

## VII. CHARGES (Select one option only.)

- A. Please mark a large "X" in the selected box. Prepaid, shipper pays all shipping charges, consignee (recipient) pays destination charges.
- B. Please mark a large "X" in the selected box. Collect, consignee (recipient) pays shipping charges, destination charges and a collection fee. **Please call for more details about to which countries collect payment is accepted.**
- C. Please mark a large "X" in the selected box. 1. Bank wire in US funds. 2. Checks incl. company checks, personal checks, official bank checks or travelers checks. 3. Cash in US funds only. 4. Sorry, NO credit cards are accepted.

## VIII. FREIGHT CHARGES

For WSA use only. Please call our office to verify your quotation.

## IX.-XII. TERMS AND CONDITIONS

Please read each article and initial each article.

1. Date and sign the Request Form.
2. Please fax Pages 2 and 3 back to our office at **512-233-0596** incl. shipping documents:
  - A. Complete Packing List
  - B. Bill of Sale, if applicable.

If you need additional information or assistance filling out this form, please call our WSA Customer Service Center at 866.638.1649.