

SUPREME BUSINESS SHIPPING AGENCY

CARGO BOOKING FORM

DATE: _____

DESTINATION:

VESSEL:

<input type="checkbox"/> M/V ISLAND GIRL1	<input type="checkbox"/> M/V SCOTTY SKY
<input type="checkbox"/> M/V ELIZABETH C	<input type="checkbox"/> M/V SOL AZUL
<input type="checkbox"/> M/V SEABISQUICK	<input type="checkbox"/> Other _____

<input type="checkbox"/> Anguilla	<input type="checkbox"/> Montserrat	<input type="checkbox"/> St. Vincent
<input type="checkbox"/> Antigua	<input type="checkbox"/> Nevis	<input type="checkbox"/> Trinidad
<input type="checkbox"/> Barbados	<input type="checkbox"/> St. Kitts	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dominica	<input type="checkbox"/> St. Lucia	
<input type="checkbox"/> Grenada	<input type="checkbox"/> St. Maarten	

SHIPPER NAME (SENDER):		CONSIGNEE NAME (RECEIVER):		
ADDRESS:		ADDRESS:		
TELEPHONE: 284-		TELEPHONE:		
QTY	PKG TYPE (barrel, box, crate, bag, pallet, other)	DESCRIPTION OF GOODS	WEIGHT (LBS) ESTIMATE	DIMENSION
<ul style="list-style-type: none"> FREIGHT <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT: \$ DOCUMENTATION: \$10.00 WHARFAGE (2 % OF VALUE): \$ TOTAL FEES: \$ 			SHRINK WRAP: \$ TAPE: \$ MARKER: \$	VALUE: \$
