



CUSTOMER INFORMATION SHEET

20258 HWY. 18, STE. 430, PMB-260 APPLE VALLEY, CA 92307
PH: (760) 247-8370 FAX: 760-247-0872
E-mail: gnpl96shipping@yahoo.com / info@greenlineshipping.us

Shipper's Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax: _____

Email Address: _____

EIN (tax ID #): _____ SSN#: _____ PASSPORT#: _____

IMPORTANT: WITH THIS SHEET, PLEASE INCLUDE COPY OF YOUR PASSPORT

Receiver's Information:

Full Name: _____

Address (must be physical, no PO Box): _____

City: _____ State: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Commodity Information:

Destination: _____ Freight: Prepaid _____ Collect _____

Value of Commodity: _____ USD Container: 20' _____ 40' _____ LCL: _____ RO/RO: _____

Commodity/Including Number of pieces loaded: _____

IMPORTANT: IF SHIPPING AN AUTOMOBILE, THE ORIGINAL TITLE MUST BE OVERNIGHTED TO US ASAP, IF DELAY OF RECEIPT OF TITLE, THERE WILL BE DELAY IN SHIPPING. URGENT: YOUR TITLE MUST HAVE SHIPPER'S NAME AS MOST RECENT OWNER & GAS TANK MUST BE DRAINED OF FUEL UNTIL GAS LIGHT SHOWS.

Year/Make/Model/ Color: _____ Value: _____ USD

VIN: _____ State: _____ Title #: _____

IMPORTANT: ALL INFORMATION MUST BE ACCURATE. ANY CHANGE REQUESTED THAT DOES NOT MATCH THIS SHEET WILL RESULT IN \$100.00 MANIFEST B/L CORRECTION FEE. IF YOU REQUIRE SPLIT BILL OF LADINGS, SPECIAL REQUESTS, OR TELEX RELEASE PLEASE ADVISE BEFORE LOADING AS ADDITIONAL CHARGES WILL APPLY.

Thank you for your Business