





Is this your FIRST time Shipping with PSI?		SI? YES	NO		
SHIPPING METHOD : Initials:		AIR		OCEAN	
SHIPPER INFORMATION	V				
Name (First & Last)					
Address					
Telephone Number					
Email Address					
RECEIVER INFORMATION	ON - CONSIG	SNEE			
Name (First & Last)					
Address					
Telephone Number					
Email Address					
COMMODITY DESCRIPTION					
TOTAL VALUE OF SHIPME			-l Ni-+- +b-+-		*:
is strictly used for US Custon		e identification information b	elow. Note that I	iot providing this informa	tion will delay your shipment. Information
Passport # / EIN					
CARGO INSURANCE					
Would you like to purchas	for you goods?	YES		NO	
· ·	. o. you Boodo.				
BILLING INFORMATION	 				
CLIENT TO BILL					
	Sign & Date	<u> </u>	_		
insure all information is accu	g any filled bla urate and true new informat	nk on this form can result in a. . We advise that even if you ion in our system for you. W	have shipped wit	h us before that you take	asibility to completely fill this form out and the time to still fill the form out completely eject processing your shipment if
		d PSI Shipping & Courier incluther government authority yo			ng government authorities: The U.S.
					y you have not you may request a paper mpany policies and shipping details.
FOR OFFICE USE ONLY:					Employee:
HVS			Known Shipp		•
HAZARDOUS			Unknown Shi	pper	

ALL INQUIRIES ABOUT PRICING, SHIPPING DETAILS, OCEAN FREIGHT ARE TO BE DIRECTED TO FRONT OFFICE. PAYMENTS ARE MADE AND TAKEN AT FRONT OFFICE ONLY!