

Formato para solicitud de Booking (Booking Request Format)



*campos obligatorios en Amarillo, en azul obligatorios para Inland

SHIPPER: ADDRESS:		R.F.C. (Mandatory Field)	
CONTACT: PHONE NUMBER:		SHIPPER REFERENCES	CUSTOMER SUBMISSION DATE
CONSIGNEE ADDRESS:		FORWARDING AGENT	
CONTACT: PHONE NUMBER:			
TAX I.D.			
VESSEL	VOYAGE / DIRECTION	PORT OF LOADING	PORT OF DESTINATION *Place Of Delivery (On-carriage):
EQUIPMENT	WEIGHT GROSS: _____ NET: _____	Place Of Receipt (Pre-Carriage): INLAND MOVEMENT (If applicable by Hamburg Süd) NAME & full ADDRESS:	
COMMODITY	CONTAINER PICKUP DEPOT: DATE:	CONTACT: PHONE NUMBER: DATE: _____ HOUR: _____	
IMO-hazardous - (YES / NO): UN Number :		*VGM (traslado a Bascula): YES / NO Nombre de Bascula:	
HARMONIZED CODE:			
EQUIPMENT REEFER (If applicable) REQ. TEMPERATURE (Celsius) ventilation:: O2 - level CO 2 – level	SPECIAL EQUIPMENT (Only) OVERDIMENSION (YES / NO) LENGTH: _____ WIDTH: _____ HEIGHT: _____	SPECIAL REQUIREMENTS:	
FREIGHT DETAILS RATE (Agreement Number): PREPAID or COLLECT:		CUSTOM BROKER DETAILS NAME: CONTACT: PHONE NUMBER: E-MAIL	