

Shipping Instructions



I We Accept your quotation number _____ Dated _____

For the sum of £ _____ in accordance with the following instructions

ORIGIN	DESTINATION
Name _____ Address _____ _____ _____	Name _____ Address _____ _____ _____
Tel _____ Until Date _____	Tel _____ Until Date _____
Email _____	Email _____
No of Floors _____ Lift Yes <input type="checkbox"/> No <input type="checkbox"/>	No of Floors _____ Lift Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle Access Good <input type="checkbox"/> Poor <input type="checkbox"/>	Vehicle Access Good <input type="checkbox"/> Poor <input type="checkbox"/>
Parking Restricted <input type="checkbox"/> Meters <input type="checkbox"/> Permits <input type="checkbox"/>	Parking Restricted <input type="checkbox"/> Meters <input type="checkbox"/> Permits <input type="checkbox"/>
Correspondence Address (if different) _____ _____ _____	Correspondence Address (if different) _____ _____ _____
Tel _____ Until Date _____	Tel _____ Until Date _____
I will deliver vehicle to your depot on Date _____	I enclose a copy of my registration document or Certificate of Permanent Export and purchase invoice Yes <input type="checkbox"/> No <input type="checkbox"/> I am aware it is my responsibility to obtain the necessary vehicle import approval from the relevant government department prior to importation
Please collect vehicle from my above address on Date _____	
Please arrange storage Yes <input type="checkbox"/> No <input type="checkbox"/> Until Date _____	Please arrange storage Yes <input type="checkbox"/> No <input type="checkbox"/> Until Date _____
And extend Marine Transit Insurance while in store Yes <input type="checkbox"/> No <input type="checkbox"/>	And extend Marine Transit Insurance while in store Yes <input type="checkbox"/> No <input type="checkbox"/>

We will ship your goods by the next available container unless origin storage is requested in which case we will ship after the storage date indicated

Please arrange Marine Transit Insurance Yes No Proposal Form Attached Yes No
Please return proposal form prior to removal

I will deliver my motor vehicle to you on Date _____ Registration No _____

Make _____ Model _____ Alarm Code _____

Engine No _____ Chassis/Vin No _____

Payment Details Cash Cheque Card Card Type _____

Name on card _____ Card No _____

Issue Number _____ Valid from _____ Expiry _____ Security code _____

If a company is paying please advise: Company Name _____

Address _____

Contact _____ Position _____

Telephone _____ Email _____

Moving Allowance _____

If a company is paying our invoice we require written confirmation that our charges will be met by an authorised signatory.

I agree to your Terms and Conditions and enclose my remittance of £ _____

Signed _____

Dated _____

Print & Sign

I would like free advice on claiming a Tax Rebate Foreign Currency Banking Downunder

