



# SERVICE REQUEST FORM

To enable us provide the right service for your shipment, please provide complete information

SHIPMENT INFORMATION	
NUMBER OF PACKAGES	
WEIGHT PER PACKAGE	
GROSS WEIGHT (ALL)	
DECLARED VALUE (FOR CARRIAGE)	₪
TYPE OF PACKAGING	
DESCRIBE NATURE OF SHIPMENT(S)	
HANDLING EQUIPMENT REQUIRED	
DESTINATION CITY	
DESTINATION COUNTRY	
READY FOR PICKUP – SPECIFY DATE/TIME	
SPECIFY HANDLING INSTRUCTION(S)	
COUNTRY OF MANUFACTURE / IMPORT	

TICK	SERVICE REQUESTS
	EXPRESS COURIER
	CUSTOMS CLEARING (AIR / SEA)
	EXPORT (AIR / SEA)
	IMPORT (AIR / SEA)
	NATIONWIDE CARGO
	WAREHOUSING
<b>OTHER SERVICE, SPECIFY BELOW:</b>	
<b>DO YOU REQUIRE INSURANCE COVER?</b>	
YES / NO	
TYPE	
VALUE	₪

COMPANY / CUSTOMER NAME

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ADDRESS.....

CONTACT..... PHONE.....

EMAIL.....

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AUTHORIZED STAFF

SIGNATURE / DATE