

BOOKING REQUEST FORM

COMPANY NAME _____

ADDRESS (place of delivery) _____

CONTACT PERSON _____

CONTACT TEL. _____

CONTACT FAX. _____

TYPE OF EQUIPMENT (please select equipment type) **** Quantity** _____

- 20 ft Flat Rack
- 20 ft Container
- 40 ft Flat Rack
- 40 ft Container Standard
- 40 ft Container High Cube
- 45 ft Container High Cube

Total Pieces _____

Description of Commodity: _____

Hazardous Cargo (circle one) **YES** **NO** **(if yes) CLASS:** _____

Spot Date Needed: _____

Delivery Time Needed: _____

Pick-up Date: _____

Pick-up Time: _____

Print Name _____

Signature

- Please return via fax to (305) 633 – 9618
- Please fill all fields in order to expedite the handling of your request.
- A representative will contact you shortly to confirm booking. Thank you for using Richard Shipping Services as your freight carrier to the Caribbean