



One Stop International Furnishings Consolidation
CUSTOMER INFORMATION/**REQUEST FOR STEAMSHIP RATE QUOTE**

Start Date _____

Consolidation Name: _____

(The name all buyers in the party will reference in all correspondence for this consolidation.)

Key Buyer contact details and address for billing consolidation and freight services:

***Name**

Company

***Billing address**

***Telephone 1**

Telephone 2

Telephone 3

***Email 1**

Email 2

Other contact notes

Names of additional Buyers in Group (use back if needed)

Project details

***City of final destination**

*** Port of entry**

Ocean Freight Carrier (if known)

Broker or Agent (if known)

Inland freight carrier (if known)

Ship to Address

***Quote requested (circle those that apply): Door-to-Door Door-to-Port / 20 Ft. 40 Ft. 40' HC**

Anticipated ship date

Other project notes

***Asterik (*) indicates fields required for obtaining FCL steamship rates.
For LCL rates, a list of items with dimensions and weights is also required. Let us help if needed.***