



Date:

Application No.:

SOLUTION GROUP
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CONSOLIDATED FREIGHT REQUEST

DATA OF ORIGIN OF THE GOODS

customer	<input type="text"/>
provider's name	<input type="text"/>
Supplier Address	<input type="text"/>
Supplier contact person	<input type="text"/>
Supplier Telephones	<input type="text"/>
Email	<input type="text"/>
Type of merchandise	<input type="text"/>
Estimate or invoice number (To quote cargo insurance)	<input type="text"/>
Shipping type	Land <input type="checkbox"/> Maritime <input type="checkbox"/> aerial <input type="checkbox"/>
Kind of container	Standard <input type="checkbox"/> Cooled <input type="checkbox"/> Open <input type="checkbox"/>
Container Size	20 feet <input type="checkbox"/> 40 feet <input type="checkbox"/> 45 Feet <input type="checkbox"/>
Loose Cargo Dimensions	Long <input type="text"/> Broad <input type="text"/> High <input type="text"/>
Weight of the load	<input type="text"/>
Qty of pieces	<input type="text"/>
country, city and destination address of the cargo	<input type="text"/>
	<input type="text"/>

TO NATIONALIZE THE CARGO

- | | | | |
|---|--------------------------|------------------------|--------------------------|
| 1. Commercial invoice
(to do customs classification) | <input type="checkbox"/> | 3. Insurance Policy | <input type="checkbox"/> |
| 2. Model annex of the power of attorney for customs | <input type="checkbox"/> | 4. BL release or guide | <input type="checkbox"/> |

Observations	<input type="text"/>
<input type="text"/>	

Note: This request must be attached with a letter of authorization to the supplier to pick up the merchandise, an invoice for the merchandise and a packing list of the cargo. Make authorization for the total handling of the cargo.

Company Representative (Client)
Name and surname

By Solution Group
Name and surname