

Order Form



Date:

Ordered By

Name and/or Company

Address:

City/State/Country

Zip/Postal Code:

Phone:

Fax:

Email:

Balkan Travel
Address
State
Country
ZIP
Phone:
Fax:
www.bestbalkantravel.com

Required when the total value of shipments exceed \$2,500

Deliver To Same as Above

Name and/or Company

Address:

City/State/Country

Zip/Postal Code:

Phone:

Fax:

Email:

Cargo Information

Commodity

Equipment

Insurance: Yes No

If Yes - Declared value for Insurance \$

Final Destination

City: State: Zip:

Dropped on Date: Time:

Picked up Date: Time:

Mark here if "live" loading

If you need manpower for packing and/or loading container, please specify how many:

20' or 40' container, DB, HC, Flat Rack, Refer, Open Top etc,

Insurance Fee 2% of the Total Value

2 hours of free loading time included. Extra hours additional

Does shipment include any restricted and/or dangerous cargo such as: explosives, radioactive substances, dry ice, flammables, corrosives, compressed gases, perishables, live animals, etc. ?

Yes No

If yes, specify: