

**INTERNATIONAL QUOTE REQUEST FORM**

**Date:**

**Shipment Origin:**

Company Name:

Street Address:

City, State, Zip:

Country:

Airport/Port:

**Destination:**

Company Name:

Street Address:

City, State, Zip:

Country:

Airport/Port:

**Cargo Details: “Circle the appropriate terms”**

**Mode:** Air Ocean Both

**Delivered to:** Door to Door Door to Port Port to Door Port to Port

**INCO Terms:** Ex-Works CIF DAP FOB DDP

 (from factory) (cost insurance) (delivered at place) (free on board) (delivered duties paid)

**Number of Pieces:** \_\_\_\_Cartons \_\_\_\_Crates \_\_\_\_Pallets/Skids

**Gross Weight:** \_\_\_\_\_\_KGS \_\_\_\_\_\_LBS

**Cargo Dimensions (LxWxH)** \_\_\_x\_\_\_x\_\_\_ Inches/CM

**Commodity Description:**

**Insurance Requested:** YES / NO **Goods value in USD:**

**Hazardous Cargo:** YES / NO

**Letter of Credit:** YES / NO

Please complete this request and submit to: support@freightwatchers.net. Please allow 24-48 hours for these rates to be returned.