



TOTAL VALUE OF PERSONAL EFFECTS:				

**CONSIGNEE INFORMATION PERSON TO BE NOTIFIED (RECEIVER)**

NAME:			
ADDRESS (NO P.O.BOX )			
City			
POSTAL CODE:		State/ province	
TEL:		COUNTRY	

**IMPORTANT NOTICE TO THE SHIPPER**

PLEASE BE ADVISED THAT THE PRICE FOR SHIPPING ARE DEPENDENT ON THE SHIPPING LINE USED AND ARE SUBJECT TO CHANGE AS THEIR RATES FLACTUATE. ALL PAYMENTS MUST BE RECEIVED IN FULL PRIOR TO SHIPPING. ALL DUTIES AND FEES IN THE RECEIVING COUNTRY ARE THE RESPONSIBILITY OF THE SHIPPER AND RECEIVER. THEREFORE ALL COSTUM DUTIES MUST BE PAID PRIOR TO ARRIVAL OF PACKAGE ( NO EXCEPTIONS)

**ALL PAYMENTS ARE FINAL AND NOT REFUNDABLE. RECEIVER MUST PRESENT PROPER FORM OF IDENTIFICATION FOR PICK UP ( NO EXCEPTIONS)**

SIGN		DATE	
WITNESS:		ID. NO.	
ADDRESS			
SIGN		DATE:	