**24/7 SHIPPING ORDER FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sender’s Contact Details** | |  | | | Cx Ref TO BE COMPLETED BY OFFICE |
| Name | |  | | |  |
| Address | |  | | | Date |
|  | |  | | |  |
|  | |  | | | Destination |
| Home Telephone No | |  | | |  |
| Mobile No | |  | | |  |
| Email | |  | | |  |
|  | | | | | |
| **Consignee’s Contact Details** | | Additional Information | | | |
| Name | |  | | | |
| Address | |  | | | |
|  | |  | | | |
|  | |  | | | |
| Consignee’s Contact No | |  | | | |
|  | | | | | |
| Consignment Description e.g. Barrel, Trunk, Crate, etc. | | Door to Door |  |  | Security Seal No(s) TO BE COMPLETED BY OFFICE |
|  | | Door to Port |  |  |  |
|  | |  | | |  |
|  | | **ALL GOODS MUST BE PAID WITHIN 7 DAYS OF COLLECTION TO AVOID ANY DELAYS.** | | |  |
|  | |  |
|  | |  |
|  | |  |
| **Signed by a representative of 24/7 Shipping Limited**  Jenni Mullings | **Signed by Customer**  …………………………………………………………………………………… | | | | |