

EXPORT INFORMATION FORM



	DATE:	SB#	CUST ID#	STORE# & Name	ASSOCIATE # & Name
CUSTOMER INFORMATION Completed by Customer & Pro Team					
B U Y E R	Customer (Shipper)				
	Telephone no		Email address		
	Street address:				
	City, State, Zip Code				
	Requested Ship Date:				
BE SURE TO OBTAIN COPY OF DRIVERS LICENSE/PASSPORT NUMBER FOR ID PURPOSES IN OUR FILE					
SHIP TO INFORMATION AT DESTINATION (DELIVERY ADDRESS AT DESTINATION) Completed by Customer & Pro Team					
S H I P T O	Name				
	Street Address				
	City, Country &				
	Postal code				
	Telephone no				
	Email address for contact at destination:				
Is this the final destination of the shipment		yes	No	Country of Final Destination	
TRANSPORTATION INFORMATION FOR EEI FILING Facilitated by Commercial Sales					
Carrier/Forward to be used					
Port of Export			SCAC	Booking #	Port of Unlading
Country of Destination		Shipper is responsible for freight charges Total Estimated Freight and Delivery \$			
Product Name		Quantity units	# of outer cartons/boxes	Shipping Weight	
The above information is true to the best of my knowledge. I understand that costs and delivery timing are only estimates and may be subject to change.					
Signature & Date			Printed Name		