



SHIPPING/FORWARDING AGREEMENT

Maxtrans agrees to forward the below mentioned shipment pursuant to the instructions given by the Customer as indicated below.
 The Customer agrees to the Shipping / Forwarding details as indicated below.

NAME AND ADDRESS OF CUSTOMER	ACCOUNT NO.
	DATE OF TRANSPORT PREFERRED MODE(S) OF TRANSPORT <input type="checkbox"/> Road <input type="checkbox"/> Sea <input type="checkbox"/> Air <input type="checkbox"/> Courier <input type="checkbox"/> Other specific requirements _____ Maxtrans reserves the right to use any other mode of transportation than the one listed above in order to comply with carrier or insurance requirements. If such amendments are made, Maxtrans will notify the Customer before such change is taking place.
ADDRESS OF PICK-UP (if other than above)	Note that the conditions of each transport is subject to applicable and valid international and national rules, regulations and conventions and that those rules, regulations and conventions in most cases limits the liability of Maxtrans in its capacity as freight forwarder and shipper. Furthermore each transport is also subject to Maxtrans Conditions of Contract and Conditions of Carriage. A copy of these Conditions may be requested by the Customer. The Customer, by accepting transportation by Maxtrans, and signing this Agreement below is deemed to have for all legal purposes taken part of Maxtrans Conditions of Contract and Conditions of Carriage and accepting the terms and conditions thereof.
DELIVERY ADDRESS	
RECEIVER IF OTHER THAN CUSTOMER (Person to whom goods shall be delivered to) _____	
NATURE OF GOODS TO BE SHIPPED <input type="checkbox"/> Sale and / or lot number(s) _____ <input type="checkbox"/> Other Specifications _____	PARTICULARS OF GOODS TO BE SHIPPED <input type="checkbox"/> No. of pieces <input type="checkbox"/> Weight <input type="checkbox"/> Dimensions
PACKING INSTRUCTIONS <input type="checkbox"/> _____ <input type="checkbox"/> _____	ACCEPTED AND APPROVED <input type="checkbox"/> Authorized by _____
PREFERRED PACKING (if any). Note: Certain lot(s), including fragile items, must be crated to meet insurance requirements. <input type="checkbox"/> Crate <input type="checkbox"/> Softpack <input type="checkbox"/> Do not remove print(s) from frames (Note: Glass will be taped) <input type="checkbox"/> Please remove print(s) from frames (Note: Frames will be discarded) These Packing Instructions are agreed upon by Maxtrans and Customer. Maxtrans can not accept instructions given by telephone, fax or e-mail if those instructions differ from those listed above. New Packing Instructions must be given in writing and signed by a duly authorized representative of Customer.	
IN-TRANSIT INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO (Customer waives voluntarily offered insurance) <input type="checkbox"/> INSURED VALUE _____ The Insurance is subject to the policy exclusions as listed in Maxtrans Conditions of Carriage which can be obtained by the Customer directly from Maxtrans upon request thereof. The Customer is advised that any self-deductible in the policy is to be carried in its entirety by the Customer.	
CHARGES PAYABLE <input type="checkbox"/> Transportation charges _____ <input type="checkbox"/> Handling and administrative charges _____ <input type="checkbox"/> Insurance and other surcharges _____ <input type="checkbox"/> Total Fee _____	PAYMENT DETAILS <input type="checkbox"/> Credit Card _____ <input type="checkbox"/> Invoice _____ <input type="checkbox"/> Cheque _____ Maxtrans reserves the right to add an administrative fee for payments via credit card
SIGNATURE OF CUSTOMER	DATE AND PLACE