



Cargo Express Forwarding, Inc. Routing Order

Date: _____ Supplier Company Name: _____
Contact Person: _____ Title: _____
Street Address: _____ City: _____
State/Province: _____ Country: _____ Postal code: _____
Phone: _____ Fax: _____ email: _____
P.O. # _____ Terms of Sale: _____
Supplementary cargo insurance requested? ___ yes ___ no
Shipment will be ready on: _____

SUBJECT: ROUTING REQUEST

Please note that we have made arrangements to have our future consignment by AIR or OCEAN forwarded through Cargo Express Forwarding Inc. via their local office; detailed as follows:

Company name: _____
Address: _____
Phone/Fax: _____
Contact Person: _____
Email Address: _____

We ask that you route any shipments to us through this firm until further notice. Thank you for your cooperation.

Very truly yours,

PRINT YOUR NAME: _____ SIGNATURE: _____
TITLE: _____ COMPANY NAME: _____
ADDRESS: _____ TELEPHONE: _____
FAX: _____ EMAIL: _____ DATE: _____