**24/7 SHIPPING ORDER FORM**

|  |  |  |
| --- | --- | --- |
| **Sender’s Contact Details** |  | Cx RefTO 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 Descriptione.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**…………………………………………………………………………………… |