505 Hampton Park Blvd. Capitol Heights, MD 20743
Tel: (301) 516-3000 Fax: (301) 516-1515
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INTERNATIONAL SHIPPING APPLICATION

EXPORTER INFORMATION

NAME:_____ TELEPHONE:_____
(first) (last)

FAX:_____

ADDRESS:_____

_____ EMAIL:_____

_____

IDENTIFICATION REQUIREMENTS

I.D. TYPE:_____ I.D. NUMBER:_____
(No driver's license)

CONSIGNEE INFORMATION

NAME:_____ TELEPHONE:_____
(first) (last)

FAX:_____

ADDRESS:_____

_____ EMAIL:_____

_____

I certify that this shipment does not contain any unauthorized explosives, destructive devices, or hazardous materials. I consent to a search of this shipment and understand that additional costs may be incurred if this shipment is searched. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file until the shipment is delivered. By signing below I hereby agree that in case of legal action against First Eagle Logistics Inc, CUSTOMER will pay on behalf of First Eagle Logistics any fees including, with limitation, the cost of legal defense, investigation, and court or arbitrator costs.

Signature:_____ Date:_____