

AMBYTH MEMO BOOKING FORM

Fax: 477-0094 / 647-1116

Booking No. _____

Person or Company Making Request	Telephone No.
Shipper's Name	Consignee's Name
Shipper's Address	Consignee's Address
Shipper's Telephone No.	Consignee's Telephone No.
Vessel's Name	Notify Party
Voyage No.	Notify Party's Address
Port of Discharge / Final Destination	

Load Status

BB
 CFS
 FCL

Unit Qty	Unit Type	Description	Weight	Measurements

Container No. _____ Container Size _____
 Seal No. _____
 Container No. _____ Container Size _____
 Seal No. _____

Container Owners Please Check			
Matson	<input type="checkbox"/>	SOC	<input type="checkbox"/>
Horizon	<input type="checkbox"/>	Seabridge	<input type="checkbox"/>
MELL	<input type="checkbox"/>	Kyowa/MSA	<input type="checkbox"/>

Original Bill of Lading Instructions:

- Surrender / Authorize Release of Cargo at Port of Discharge without Original Bill of Lading
 Pick Up Original Bill of Ladings
 Other: _____ Shipper's Export Declaration (SED) (\$2500 OR MORE)

Ocean Freight					<input type="checkbox"/> Prepaid	<input type="checkbox"/> Collect
BAF						
Guam Wharfage						
Guam Handling						
Guam CFS						
Guam Heavy Lift	2000 lbs	\$4.20	Cargo Weight			
Others						
Total						

Booking Made By: _____	Date Booked: _____
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Note: LOGGUM001.REV00.AUG052006
 A \$25.00 charge will be assessed for amendments made to the Bill of Lading. Request for Amendments after receipts of the Booking Form must be submitted in writing before any further action may be taken.