



SPACE
LOGISTICS

La mejor opción para sus embarques Estados Unidos, México y Canadá



LETTER OF INSTRUCTIONS

PICK UP DATE/HOUR	SALES REP	QUOTE NUMBER

SHIPPER:	CONSIGNEE:	BILL TO:
Company:	Company:	Company:
Address:	Address:	Address:
City:	City:	City:
Tax ID:	Tax ID:	Tax ID:
Tel.	Tel.	Tel.
Fax.	Fax.	Fax.
email:	email:	email:
Contact:	Contact:	Contact:

# CARTONS PALLETS	WGT(LBS)	MEASURES (In)			DESCRIPTION AND CLASS
		Length	Width	Height	
TOTAL WT:		TOTAL CUBE (FT³):			

TYPE LOAD	DECLARED VALUE		CUSTOMS BROKER MX*		CUSTOMS BROKER USA*	
LTL <input type="checkbox"/>	USD		Space		Space	
FTL Direct <input type="checkbox"/>						
FTL Transf <input type="checkbox"/>						
Space Box <input type="checkbox"/>						
Parcel <input type="checkbox"/>						
Express <input type="checkbox"/>						
	EQUIPMENT	DELIVERY	Tel. /Fax. :		Tel. /Fax. :	
	DRY VAN <input type="checkbox"/>	Residential <input type="checkbox"/>	email:		email:	
	REEFER <input type="checkbox"/>	Commercial <input type="checkbox"/>	Contact:		Contact:	
	FLATBED <input type="checkbox"/>	Liftgate <input type="checkbox"/>				

* In case you require our service without customs brokers, please include your customs brokers contact information above

HAZMAT	CUSTOMS BROKERS**	ADDITIONAL INSURANCE*	PAYMENT FORM	PALLETIZING LTL
NO <input type="checkbox"/> ID NBR <input type="checkbox"/>	FTL With CB YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	DEPOSIT <input type="checkbox"/> CCARD <input type="checkbox"/>	No palletization required <input type="checkbox"/>
YES <input type="checkbox"/>	LTL Ind Dec. YES <input type="checkbox"/> NO <input type="checkbox"/>		TRANSFER <input type="checkbox"/> OTHER <input type="checkbox"/>	Require palletization <input type="checkbox"/>

SPECIAL INSTRUCTIONS	PICK UP
	Delivery to terminal <input type="checkbox"/>
	Pick Up Request <input type="checkbox"/>
	FRAGILE YES <input type="checkbox"/> NO <input type="checkbox"/>

* LTL rates hold a basic insurance up to \$500.00 per pallet. International FTL rates do not include insurance. Mark YES if you want to contract additional insurance

** In case you need your FTL service with customs brokers, mark YES on the first paragraph
In case you need individual declaration in your LTL service mark YES on the second paragraph

Documents	Invoice #	Certificate of Origin	Packing List	REF/PO#:

I hereby accept that I have requested this service and that I will pay the full amount of the expenses derived from this shipment according to the quotation that I have received at my full satisfaction, on or before this shipment crosses the border. I also accept and agree that in the case no quotation was requested nor supplied, the rates will be applied according to the company general rate schedule. The property herein described is marked and consigned, as indicated above. It is mutually agreed by both the shipper, consignee and Space Logistics that every service to be performed here under shall be subject to Space Logistics terms and conditions not prohibited by law, whether printed or written, and hereby agreed by the shipper and consignee and accepted for themselves and their assigns. I hereby declare that the contents of this consignment are fully accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by rail, water or land according to applicable international and national government regulations. I further confirm that I have read and I accept the terms and conditions applicable to the rates for the service that I am in this act hiring. These terms and conditions are described in the general rate schedule or in the particular quotation that I received.

NAME:	SHIPPER, CONSIGNEE OR THIRD PARTY:
SIGNATURE:	DATE:

Forma C1101

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