



**World  
Transport**



**Routing Order**

Date \_\_\_\_\_

Sending Agent \_\_\_\_\_

Reference: \_\_\_\_\_

**Shipper Details**

Shipper
Address

Contact
Title / Department
Telephone
Fax
Email

**Consignee Details**

Consignee
Address
Contact

Notify
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**Cargo Details**

Commodity							
Hazardous	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Number of Packages	<input type="text"/>			Weight	<input type="text"/>	Cubic	<input type="text"/>

Shipping Terms			
EXW	<input type="checkbox"/>	FOB	<input type="checkbox"/>
OTHER	<input type="text"/>		

**Service**

LCL	<input type="checkbox"/>
20'GP	<input type="checkbox"/>
40'GP/HC	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
Carrier ( If FCL)	<input type="text"/>

Origin
Port of Loading
Port of Discharge

**Notes and Instructions**
