



1701 N 20TH ST
TAMPA, FL 33605

PH: 813-248-8235
FAX: 813-241-9630

BOOKING NOTE

EMAIL: ALTAMARINFO@ALTAMAR.COM

DATE

BOOKING#

SHIPPER: _____

Email: _____

Address _____

City _____ State _____ Zip Code _____

PHONE: _____ SS# _____

CONSIGNEE: _____ PORT OF DESTINATION _____

Email: _____

Address _____ Cedula# _____

City _____ State _____ Zip Code _____ FINAL DESTINATION _____

CONTACT: _____ PHONE: _____

VEHICLE DESCRIPTION				VEHICLE IDENTIFICATION NUMBER (VIN)														VIR	NOTES									
YEAR	MAKE	MODEL	COLOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14			15	16	17						

By signing below, I certify that I have the original title and I'm legal owner of this vehicle, I will pay the ocean freight charges of this vehicle. Carrier/Altamar Shipping is not responsible for dings/dents/scratches/rust or theft of items in or around used vehicles or equipment. This vehicle does not move under its own power at the time of receiving by the terminal; the shipper will be charged \$50 Non-Running Fee. Storage at the terminal port is free for the first 30 days of the date received. Vehicles at the terminal for more than 30 days will be charged \$2 a day storage fee. Vehicles received at the port for more than 90 days without notice will be declared abandoned. I have read and understand the instructions for filling out this form.

Al firmar abajo, Yo certifico que tengo el título original para este vehículo, Yo pagare el flete marítimo de este vehículo. Altamar Shipping no es responsable por golpes/ rayones/ rust o robos de objetos dentro o alrededor del vehículo o equipo. Si el vehículo no se mueve por su propio impulso en el momento de entregar al terminal, el embarcador pagara un monto \$50. El costo de almacenaje en el puerto es gratis por los primeros 30 días de recibido. Vehículos en el terminal por mas 30 días pagaran un monto de \$2 por día. Vehículos recibidos en el puerto por mas de 90 días serán declarados sin aviso en abandono por la naviera. He leído esta forma y entiendo las instrucciones de este formulario.

RATE

- COLLECT
 PREPAID

PAYMENT TYPE:

- CASH
 CHECK

Shipper Signature: _____