

3775 NW 77th. Street Miami, Florida 33147 Phone: (305) 836-4393 Fax:(305) 693-5515

sercustomerservice@laparkan.com

CONSOLIDATION REQUEST

Name (Last, First)		Position		
Company Name		Are you the	Shipper	Consignee
Street Address		-		
City	State / Province		Country / Island	I
ZIP Code	Phone	_	Other Phone	
Email	Website		Is your mailing a	address the same
Have you Shipped with us before? Y	N	If NO, Ple	ase provide a ma	
Customer #:				3
CONSOLIDATION INFORMATION				
Final Ports(s) of Destination				
Please select the following information t	hat you will like to re	eceive by emai	il:	
Cargo Received	Cargo released	Cargo Loa	aded in Vessel	Vessel Sailed
Bill of Lading issued	Vessel Arrived	Discharge	Discharged from Vessel	
Supplier	Pcs.		Supplier Contact No.	
1				
2 3 4 5				
3				
4				
5				
6				
7				
8				
9				
Insurance is automatically applied at an ad- Certain commodities are excluded for cove				
PLEASE TAKE NOTE: THERE ARE 14 FR FOR FCL BEFORE STORAGE CHARGES		GE FOR LCL /	AND 30 FREE DA	YS OF STORAGE
If invoices are not received by the documer Hand updates will show you what invoices				

For additional information please contact our Customer service departament at 305 - 836-4393