



Lesniewski & Continental Shipping Group, Inc.

FMC License No. 020156F

801 E Linden Ave, Linden, NJ 07036

Tel: (908) 474 1151 Fax: (908) 474 1161

WWW.LESNIEWSKI.COM

Shipping Declaration

Destination: (miejsce docelowe)

Ostatnie 6 cyfr VIN:

Make:	Model:	Year:	Value:	Vin:
Make:	Model:	Year:	Value:	Vin:
Make:	Model:	Year:	Value:	Vin:
Personal goods (ilość i wartość)	PCS:		Value:	

Marine Insurance (ubezpieczenie) - THIS PART MUST BE FILLED OUT

Yes Amount of coverage requested (USD):
(Wartość ubezpieczenia)

No Signature:
(Podpis)

LESNIEWSKI & CONTINENTAL SHIPPING IS NOT RESPONSIBLE FOR DAMAGES IF INSURANCE POLICY DECLINED

Shipper (wysyłający)

Last name:
(nazwisko)

First name:
(imię)

Address:

Country:
(kraj)

Phone and e-mail:
(telefon i adres e-mail)

Passport or TAX ID #:

Consignee, Notify Party (odbierający)

Last name:
(nazwisko)

First name:
(imię)

Address:

Country:
(kraj)

Phone and e-mail:
(telefon i adres e-mail)

POWER OF ATTORNEY. That I, the undersigned, the shipper of the above described motor vehicle do hereby make, constitute and appoint Continental Shipping Group, Inc., my true and lawful attorney to accomplish and furnish the necessary and required papers in connection with the shipment of the above described vehicle.

Dokumenty **Odesłać Agencja (\$60)**

Odesłać na adres w USA (\$30)

Odesłać na adres w Polsce (\$60)

Odbiór z biura / Pick up from the office (USA)

TERMS:

Date:

**WE ARE NOT RESPONSIBLE FOR PENALTIES IF
CARGO NOT PICKED UP FROM THE PORT ON
TIME**

Client signature: