



## Shipment Request Form

Shipper Information				
Point of Contact:		Title:		Date:
Company Name:			Telephone: (    )	
Physical Address:				
City:		State/Country:		Postal/Zip Code:
E-Mail:				
Pick-Up Location: <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Residential				
Receiver Information				
Point of Contact:			Title:	
Company Name:			Telephone: (    )	
Physical Address:				
City:		State/Country:		Postal/Zip Code:
E-Mail:				
Shipment Information				
Qty	Length (cm/in)	Width (cm/in)	Height (cm/in)	Weight (kgs/lbs)
Shipment Description (No Dangerous Goods or Lithium Ion Batteries):				
Total Value of Shipment:			Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purchase Order/Reference #:				
<i>*Please note that estimate is based on information provided to My Sky Express. All quotes are subject to change based on actual dimensions and weight, to include, additional fees and surcharges where applicable. Shipments are subject to DHL Express terms of carriage and can be viewed at <a href="http://www.dhl-usa.com">www.dhl-usa.com</a>. Should there be any questions or concerns please contact us at <a href="mailto:admin@myskyexpress.com">admin@myskyexpress.com</a> *</i>				
FOR OFFICIAL USE ONLY				
Received By:			Date:	