

VEHICLE EXPORT AUTHORISATION

VEHICLE INFORMATIONYear:Make:Make:Model:									
Year: VIN:	Make:		Value:		Brake				
Does the vehicle run?	Y / N	lf NO, doe		Roll		Steer			
Are there parts/effects i Documents being provic		Y/N							
SHIPPER / SENDER IN Full Name:	FORMATION								
Address: City: TEL:	State:St				Postal Code:				
CONSIGNEE / RECEIV Full Name: Address:	ER INFORMATIO	ON							
City: Passport No: TEL:		State: Discharge Email:	Port: _	Pos	tal Code:				
I will require pickup: If Yes, Pickup location ar	Y / N nd contact are:								
I will require insurance: If you accept insurance it will automa International is not responsible for da	tically be provided for cargo		nd a charge v	will be issued	l against your a	ccount. EDI			
I choose the following so	ervice:	Full Cont.	Shared	Cont.	Roll On	Roll Off			
With this letter I, the above described ver									
SIGNATURE: EDI International i	Date:								