MARIANAS STEAMSHIP AGENCIES

BOOKING MEMO

Date:

Booking Number

Shipper's Name	Consignee's Name:
Shipper's Address (Please provide complete address)	Consignee's Address (provide complete address)
Telephone/Fax No.	Telephone/Fax No.
Vessel/Voyage:	Notify Party:
LOAD PORT: / FINAL DEST:	Notify Party Address:

Mode of Shipment: ☐ RO/RO ☐ BB ☐ LCL ☐ FCL

Marks	No. & Type of pkg.	Description	Weight		Measurement

Container No. _____ Cntr Size _____
Seal No. _____
Container No. _____ Cntr Size _____
Seal No. _____
Container No. _____ Cntr Size _____
Seal No. _____

Container Owners Please Check

☐ Kyowa ☐ Shippers Own
☐ NYK Line ☐ CSX Lines
☐ Matson ☐ Kambara Lease

Freight&Charges	RT		Rate	Charges
Ocean Freight				
CAF				
BAF				
Guam Handling				
Guam Wharfage				
GCFS				
DEST CFS				
DOCS FEE				
SED PREPERATION				
TOTAL:				

☐ PREPAID ☐ COLLECT

Authorized Signature of Shipper