

Kyowa Shipping Co., Ltd.

BOOKING MEMO

Marianas Steamship Agencies, Inc. as Agents

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:		Port of Loading: GUAM	
Port of Discharge:		For Transshipment To:	
Mode of Shipment: <input type="checkbox"/> RO/RO <input type="checkbox"/> BB <input type="checkbox"/> CFS <input checked="" type="checkbox"/> FCL		Notify Party: Notify Party Address:	

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

<input type="checkbox"/> Kyowa	<input type="checkbox"/> Shippers Own
<input type="checkbox"/> NYK Line	<input type="checkbox"/> CSX Lines
<input type="checkbox"/> Matson	<input type="checkbox"/> Kambara Lease

Freight&Charges	RT	Rate	Charges
Ocean Freight			
CAF			
BAF			
Guam Handling			
Guam Wharfage			
TOTAL FREIGHT			
PICKUP/DELIVERY			
Palletizing/Securing Cargo			
Other --Inbound charge			
TOTAL:			

PRINT NAME & DATE

Authorized Signature of Shipper

OFFICE USE ONLY	Control # _____
	<input type="checkbox"/> PAID: _____
	<input type="checkbox"/> SED _____
	<input type="checkbox"/> SHPCERT _____
	<input type="checkbox"/> INV _____
<input type="checkbox"/> PTL-DCKR _____	<input type="checkbox"/> BM _____
<input type="checkbox"/> _____	<input type="checkbox"/> SI _____

PREPAID COLLECT

FREIGHT COLLECT NOT ACCEPTABLE FOR MICRONESIA PORTS