



# Kyowa Shipping Company

## BOOKING MEMO

Marianas Steamship Agencies, Inc. as Agents

Date:

Booking Number

<b>Shipper's Name/Address/Telephone</b>

<b>Consignee's Name/Address/Telephone</b>

<b>Notify Party</b>

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<b>Vessel/Voyage:</b>

<b>Port of Loading:</b>
GUAM

<b>Port of Discharge:</b>

<b>Mode of Shipment:</b>	<input checked="" type="checkbox"/> RO/RO	<input type="checkbox"/> BB	<input type="checkbox"/> CFS	<input type="checkbox"/> FCL
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THE SHIPPER HAS AGREED, AND ON THE BEHALF OF THE CONSIGNEE, THAT THE CARGO UNDER THIS BILL OF LADING MAY BE CARRIED ON DECK AT THE SHIPPER'S AND CONSIGNEE'S OWN RISK. CARRIER IS NOT LIABLE FOR ANY LOSS/DAMAGE TO VEHICLE OR ANY PARTS/ACCESSORIES ATTACHED OR WITHIN.

**SIGN/DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

Marks/Nos.	No. of Pkgs/Units	Kind of Packages or Units: Description of Goods	Gross Weight	Measurement
	NO. of UNITS	Year/Make/Model:	LBS	CFT
		VIN:	LBS	CFT
		COLOR:		
		Year/Make/Model:		
		VIN:		
		COLOR:		
		[CARGO SHIPPED ON DECK AT SHIPPER/CONSIGNEE RISK]		
		*** PLEASE SEE ABOVE CLAUSE AND SIGN AGREEMENT ***		

Freight Charges	
Ocean Freight	_____
CAF	_____
BAF	_____
Guam Handling	_____
Guam Wharfage	_____
S.E.D.	_____
	_____
Docs Clearance (Optional)	_____
<b>TOTAL:</b>	<b>\$ _____ -</b>

PREPAID       COLLECT

**X**  
**PRINT NAME & DATE**

**X**  
**Authorized Signature of Shipper**

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

(Please note: NO FREIGHT COLLECT OPTION TO MICRONESIAN PORTS)