



# International Shipping Questionnaire

Company Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

\_\_\_\_\_

EORI# \_\_\_\_\_ VAT# \_\_\_\_\_

**REQUIRED** Accounts Payable Contact Name: \_\_\_\_\_

Phone #:

Email Address:

**Localized Bilingual required?**  Spanish/English  None (English Only)

*Includes labels, instructions, and manuals. Outer packaging is English only.*

## Company Contact Information:

Contact Name:		Phone #:	
Company Billing Address:			
Email Address:			

**ULTIMATE CONSIGNEE:** Same as above (check here)

Complete Name:		Phone #:	
Full Address:			

**INTERMEDIATE CONSIGNEE:** Same as above (check here)

Complete Name:		Phone #:	
Full Address:			

Note: By returning this form to ServerLIFT, you represent that all information is complete and correct, and that COMPANY immediately authorizes the release and shipment of goods and services ordered and shall be responsible for all goods and services released by ServerLIFT.