

FORWARDING ORDER

SHIPPER: Contact person: Phone number: Fax number: E-mail:				Pls send copy of Forwarding Order to: POZNAN Office: poz@ocg.com SZCZECIN Office: szz@ocg.com WARSAW Office: waw@ocg.com GDYNIA Office: gdy@ocg.com			
CNEE: Contact person: Phone number: Fax number: E-mail:				PAYER: Mode of transport: AIR SEA ROAD RAIL Terms of delivery: <input type="checkbox"/> CIP <input type="checkbox"/> CPT <input type="checkbox"/> DAP <input type="checkbox"/> DAT <input type="checkbox"/> DDP <input type="checkbox"/> EXW <input type="checkbox"/> FCA <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> FOB Rate: Terms of payment: Safe for transport: <input type="checkbox"/> YES <input type="checkbox"/> NO Additional insurance of goods: <input type="checkbox"/> YES <input type="checkbox"/> NO			
GOODS NAME: INVOICE VALUE: H.S. CODE:							
Quantity	Weight	Dims	Type of packaging				
				Place and date: Customer: Forwarder 			
Documents:							
REMARKS:							

Szczecin SZZ

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Szczecin Glewice 1C,
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E szz@ocg.com

Poznań POZ

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Gdynia GDY

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Łódź LCJ

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Warszawa WAW

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