FOR USE OF ATI USA INC

VESSEL:	ETS:
BOOKING NO:	REF:
	ND SHIPPING INSTRUCTIONS PLEASE PRINT LEGIBLE
DATE: PORT OF DESTINATION	N:APPR. SAILING DATE;
SHIPPER'S NAME:	
	STATE: ZIP:
PHONE:	FAX:
SOCIAL SECURITY NO:	PASSPORT NO:
IRS NO (IF APPLICABLE)	
	THE ABOVE INFORMATION ON A SEPARATE PAGE.
MARINE INSURANCE (YES/NO)	AMOUNT OF COVERAGE REQUESTED: \$
CONSIG	NEE / NOTIFY DATA
CONSIGNEE:	
ADDRESS:	
CITY:	PROVINCE / STATE:
POSTAL CODE:	COUNTRY:
PHONE: COUNTRY CODE	CITY CODEPHONE NO:
FAX: COUNTRY CODE	CITY CODEFAX NO:
	SHIPPER'S SIGNATURE:

PLEASE COMPLETE AND RETURN TOGETHER WITH COPY OF CERTIFICATE OF TITLE