



**ROGERS
TRANSPORT**

PTY. LTD. A.B.N. 12 874 280 054

WAREHOUSE & DISTRIBUTION SPECIALISTS

P O Box 721
Capalaba Qld. 4157

99 Franklin St
Rocklea Qld 4106

Phone: (07) 3275 3664
Fax: (07) 3275 3661

PLEASE COMPLETE AND EMAIL BACK TO: containers@rogerstransport.com.au.

EXPORT BOOKING FORM

Release No.:	Reference No.:
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Custom Broker:

Invoicing Customer:

Delivery Address:

Suburb:	Contact:
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Full to Wharf:	Vessel:
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Empty Park:

Size of Container:	20'	40'	* Hazardous:	* Yes	No
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Type of Container:	GP	HC	OT	Flat Rack	Iso Tank	Reefer
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Gross Weight (Full):	Tare Weight (Empty):
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Door Direction:	Front	Rear	Type of Delivery:	Trailer	Sideloader
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AQIS:	Fumo	or	AQIS Pack at:
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Preferred Delivery Time:	Day	_____	Date	_____	AM	PM
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Preferred Pickup Time:	Day	_____	Date	_____	AM	PM
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Any Other Instructions:

**Correct and complete DG paperwork is required with all Hazardous containers.*