



# ROGERS TRANSPORT

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

WAREHOUSE & DISTRIBUTION SPECIALISTS

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Phone: (07) 3275 3664

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PLEASE COMPLETE AND EMAIL BACK TO: [containers@rogerstransport.com.au](mailto:containers@rogerstransport.com.au).

## IMPORT BOOKING FORM

Container No.:  Reference No.:

Custom Broker:

Invoicing Customer:

Delivery Address:

Suburb:  Contact:

Wharf:  Vessel:

Empty Park:

Size of Container:  20' 40' Hazardous:  \* Yes No

Type of Container:  GP HC OT Flat Rack ISO Tank Reefer

Gross Weight (Full):  Tare Weight (Empty):

Door Direction:  Front Rear Type of Delivery:  Trailer Sideloader

AQIS:  Tailgate Fumo or AQIS Unpack at:

Status of Container:  Held Xray Clear

Is Shipment Paid In:  Yes No

Preferred slot:  FFD LFD Anytime

Preferred Delivery Time:  AM PM

Any Other Instructions:

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