



Letter of Intent

IMPORTANT INSTRUCTIONS

- Please fill out the below information and return this form (via FAX: (240) 455-6328 or via e-mail to Booking@angelic-group.com) along with the front and back copy of the title of the vehicle or copy of the bill of sale if booking high heavy equipment.
- Fields marked with * are mandatory. Any missing information will result in delays and **U.S. Customs rejection** as your paperwork can not be processed properly until the information is complete.
- Orders will be processed in the order that they are received. Please do not send a vehicle for delivery to the port before obtaining a dock receipt.
- Vehicle titles or high heavy equipment bill of sales must be re-assigned to the Shipper's name except for Foreign Shippers (no U.S. address) where they must be re-assigned to the U.S. supplier's name.

Section 1: SHIPPER

(Shipper is the person or Company responsible for the shipment. All the information and requirements regarding this transaction will be disclosed to the shipper only unless he/she specifies other specific instructions)

Section 1.1 First time shipper's information

If you are a first time shipper, please fill out the following section (fields marked with * are mandatory).

Company name				
* First name		* Last name		
* Address				
* City		*State		* Zip Code:
* Phone			* Fax	
* Email				
* Please provide either EIN / TAX ID #			or FOREIGN PASSPORT #:	
The above must be a U.S. valid address only Social Security #, Driver's License # or U.S. Passport # ARE NOT ACCEPTABLE				

Section 2: CONSIGNEE

(Consignee is the person or Company receiving the cargo at the port of destination. You can only provide 1 person name and/or 1 company name Ex: John Smith c/o John's transport LLC. No P.O. Box address allowed). Please list the consignee exactly the way that you want it to show in your B/L.

Company name				
* First name		* Last name		
* Physical Address				
* City		*State		* Zip Code:
* Phone				

Section 3: PAYER OF FREIGHT CHARGES

(Payer is the person or company responsible to cover the freight and all charges involved on the shipment of the cargo. If freight collect is required please contact our office as additional charges may apply)

* Please select one	Shipper/ consignee/ other			
* Payer's name				
* Payer's email		*Payer's Phone #		

Section 4: ORIGIN AND DESTINATION OF THE CARGO

* Port of origin		* Port of destination	
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Section 5: Vehicle information

* Year	* Make	* Model	* Value of the cargo	* VIN #