



**STUDIO  
LOGISTICS**

**5340 West 104th Street, Los Angeles, CA90045**

For help and assistance to fill out this form, please contact us on

Phone: 310 - 338 9753

Fax: 310 - 338 9760

Email: [info@studio-logistics.com](mailto:info@studio-logistics.com)

## Shipping Instructions

### Customer Physical Address / Shipment Pick-up Address

Company Name \_\_\_\_\_ City \_\_\_\_\_  
 Adress Line 1 \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_  
 Adress Line 2 \_\_\_\_\_ Phone \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

### Shipment information

Shipment ready for pick up by (please indicate time): \_\_\_\_\_

What are you shipping? (shipment contents) \_\_\_\_\_

Does your shipment include any restricted (hazardous materials) articles? (yes/no) \_\_\_\_\_ [\(Click here for further information\)](#)

Special Handling Information (Storage Temperature, "This Side Up info" etc.) \_\_\_\_\_

|   |                 | Length<br>inches | Width<br>inches | Height<br>inches | Weight<br>lbs | Turnable<br>Y or N |
|---|-----------------|------------------|-----------------|------------------|---------------|--------------------|
| Number of packages  | with dimensions |                  |                 |                  |               |                    |
| Number of packages  | with dimensions |                  |                 |                  |               |                    |
| Number of packages  | with dimensions |                  |                 |                  |               |                    |
| Number of packages  | with dimensions |                  |                 |                  |               |                    |
| Number of packages  | with dimensions |                  |                 |                  |               |                    |
| <b>Total actual weight of all packages</b>                  |                 | _____ lbs        |                 | _____ kgs        |               |                    |
| No of packages to be shipped:                               |                 | _____            |                 | _____            |               |                    |
| Total Volume (Cube) of shipment:                            |                 | _____ CFT        |                 | _____ CBM        |               |                    |
| <b>Total volume weight all packages</b>                     |                 | _____ lbs        |                 | _____ kgs        |               |                    |
| <b>Applicable Weight for calculation of freight charges</b> |                 | _____ lbs        |                 | _____ kgs        |               |                    |

Goods Value  
 for Transportation \_\_\_\_\_  
 for Customs: \_\_\_\_\_

Do you need Transport Insurance?  
\_\_\_\_\_

### My shipment needs to be shipped to:

Company Name \_\_\_\_\_ City \_\_\_\_\_  
 Adress Line 1 \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_  
 Adress Line 2 \_\_\_\_\_ Province / State \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax: \_\_\_\_\_

### Payment of charges

Credit Card or Check \_\_\_\_\_

If you re moving shipments on a regular basis, we gladly set up an account for you. Otherwise we accept payment by Credit Card (Visa or Master Card) or your Company Check made out to Studio Logistics.

Credit Card Information

Name on Credit Card \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_

Amount to be charged: \_\_\_\_\_ Signature \_\_\_\_\_

I, the cardholder, authorise the above mentioned amount to be charged to my Credit Card account as specified in this form, being payment for shipping charges due to Studio Logistics, as per shipment details indicated in this form.