



# MARTIN TRANSPORTS INTERNATIONAL, INC.

15501 Texaco Ave Paramount, CA 90723

Tel. main line: 310-639-7725 ext 2110

Direct line: 323-645-4245 Fax: 310-881-1127 WWW.SHIPMTI.COM

## Shipping Declaration

### Vehicle Information

YEAR:

Make:

Model:

TITLE#

VIN:

Value:

### Personal Items inside the vehicle

Piececount:

Description:

Value:

### Marine Insurance - THIS PART MUST BE FILLED OUT

Yes

Amount of coverage requested (USD):

FULL COVERAGE \$500.00 deductible

Yes

TOTAL LOSS

Yes

**CFR LINE/ MARTIN TRANSPORT IS NOT RESPONSIBLE FOR DAMAGES IF INSURANCE POLISY DECLINED**

No

Signature:

### Shipper

Last name:

First name:

Address:

Country:

Phone:

SSN, NIP, or Passport #:

### Consignee, Notify Party

Last name:

First name:

Address:

Country:

Phone:

EMAIL:

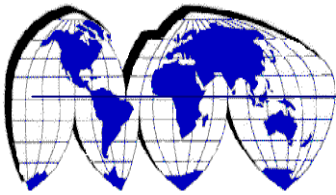
FAX:

TERMS:

**WE ARE NOT RESPONSIBLE  
FOR PORT PENALTIES IF CARGO  
NOT PICKED UP FROM THE  
PORT ON TIME**

Date:

Client signature:



# MARTIN TRANSPORTS INT'L, INC.

15501 Texaco Ave, Paramount, CA 90723 USA  
 Tel: 310-635-3604 Fax: 310-223-0477 WWW.SHIPMTI.COM

## HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

CUSTOMER'S NAME		DATE PACKED		PAGE NO.	NO. OF PAGES
DESTINATION ADDRESS		COLOR	NO.	THRU	BOOKING NO.
		AGENT		INSURANCE TYPE <input type="checkbox"/> FULL COVERAGE <input type="checkbox"/> TOTAL LOSS	
ITEM NO.	TYPE	DESCRIPTION	CONDITION AT ORIGIN	DELIVERY AT RESIDENCE CHECK ✓	REPLACEMENT COST
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

REMARK/EXCEPTIONS \_\_\_\_\_

### PLEASE READ TERMS AND CONDITIONS ON FRONT AND BACK SIDE

THIS IS AN INVENTORY AND DESCRIPTION OF THIS SHIPMENT AT ORIGIN AND DESTINATION. ALL CLAIMS FOR MISSING ITEMS AND EXTERIOR DAMAGE ARE TO BE SUPPORTED BY EXCEPTIONS NOTED ABOVE.

"WE HAVE CHECKED ALL THE ITEMS LISTED AND NUMBERED 1 TO \_\_\_\_\_ INCLUSIVE AND ACKNOWLEDGE THAT THIS IS A TRUE AND COMPLETE LIST OF THE GOODS TENDERED AND OF THE STATE OF THE GOODS RECEIVED."

**WARNING**

BEFORE SIGNING—CHECK SHIPMENT, COUNT ITEMS AND DESCRIBE LOSS OR DAMAGE IN SPACE ON THE RIGHT ABOVE.

<b>AT ORIGIN</b>	CONTRACTOR, CARRIER OR REPRESENTATIVE (DRIVER)	DATE	<b>AT DESTINATION</b>	CONTRACTOR, CARRIER OR REPRESENTATIVE (DRIVER)	DATE
	(SIGNATURE)	TIME		(SIGNATURE)	TIME
	OWNER OR AUTHORIZED AGENT	DATE		OWNER OR AUTHORIZED AGENT	DATE
	(SIGNATURE)	TIME		(SIGNATURE)	TIME

• White: File Copy

• Yellow: Agent

• Pink: Customer Copy