



SEALIFT SERVICES BOOKING FORM

NAME \_\_\_\_\_ OR COMPANY NAME \_\_\_\_\_
SHIP TO: \_\_\_\_\_

PHONE # HOME \_\_\_\_\_ PHONE # WORK \_\_\_\_\_
E-MAIL \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

DO YOU WANT TSC TO COMPLETE THE BOOKING WITH THE SHIPPING COMPANY \_\_\_\_\_
FOR A \$35.00 ADMINISTRATION FEE YES \_\_\_\_\_ NO \_\_\_\_\_

BOOKING # \_\_\_\_\_ SHIPPING COMPANY \_\_\_\_\_
VESSEL \_\_\_\_\_ VOYAGE \_\_\_\_\_

OPTIONAL / ADDITIONAL INSURANCE REQUIRED YES [ ] NO [ ]

EST. VALUE = PURCHASE, FORWARDING, CRATING, SEALIFT, TAX + 10% IN \$

DO YOU REQUIRE PICK UP SERVICES IN OTTAWA YES [ ] NO [ ]

IF YES, PLEASE PROVIDE DETAILS NAME OR COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_ CONTACT \_\_\_\_\_

WILL YOU BE DROPPING THINGS OFF AT TSC YES [ ] NO [ ]
IF YES, PLEASE PROVIDE DATE \_\_\_\_\_

WILL YOU HAVE THINGS DELIVERED TO TSC YES [ ] NO [ ]
IF YES, PLEASE PROVIDE DETAILS \_\_\_\_\_

BILLING ADDRESS NAME \_\_\_\_\_
ADDRESS \_\_\_\_\_
P.O. BOX# \_\_\_\_\_ POSTAL CODE \_\_\_\_\_
CITY / TOWN \_\_\_\_\_

TSC "THE SERVICE COMPANY"
3220 HAWTHORNE RD.
OTTAWA, ONTARIO, CANADA
K1G 3V9

PHONE: 1-800-566-6784 FAX: 1-877-872-1126 E-MAIL: bookings@tsctransport.com
ericg@tsctransport.com
kevin@tsctransport.com

SIGNATURE \_\_\_\_\_
DATE \_\_\_\_\_