



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 _____

CHECK DESIRED SAILING JUN / JUL [] AUG [] SEPT. []

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 SOMEONE ELSE DELIVER 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
ericq@tsctransport.com
kevin@tsctransport.com

SIGNATURE _____

DATE _____

You acknowledge that TSC acts as a middle-person between you and ocean carriers. Consequently, TSC cannot be held and assumes no risk for the obligations, or any default or negligence, of third-party providers and for any damages including, among other things, damages due to delay, cancellation, loss of goods, accident, quality of services inconvenience, loss of enjoyment, disappointment, acts of God or force majeure