

Cross-border Load Confirmation Sheet

Carrier Information

Carrier Name:

Contact Name:

Contact Phone:

Carrier Address:

Shipper Information

Shipper Name:

Contact Name:

Contact Phone:

Shipper Address:

Consignee Information

Consignee Name:

Contact Name:

Contact Phone:

Consignee Address:

Load Details

Load Reference #		Date	
Origin		Destination	
Commodity		Weight	
Trailer/Container #		Seal #	
Border Crossing Location		Customs Broker	

Additional Instructions / Comments

Shipper Signature

Date

Carrier Signature

Date

Consignee Signature

Date