

Miami Consolidation Alert

Please fill out this form in its entirety. Please list all the shippers for this order. Include address and phone number to whom the order is going to, the destination, number of pieces, your first and second choice of airline(if any), and a declared value for the entire order (if any desired).

Consolidation Date:

Consolidation Date.				
Your Company:				
Ship to:				
Address:		NOA Phone #:		
City/State:				
Your Name:		Airport code:		
Declared Value:		First Preferred Carrier:		
Shipper's Name		Second Preferred Carrier:		
	# of Piec	es	Special Instructions	

Email completed form to customerservice@calaircargo.com. Should you have any questions please contact us at (888) 871-4552