## AGENT ROUTING ORDER FOR GATEWAY CARGO SYSTEMS INCO-TERM & PLACE: PORT OF DISCHARGE: SYSTEMS GMBH AGENT: QUANTITY: pallets, crates, IBC, etc..etc.. PACKING TYPE: TOTAL GROSS WEIGHT: RO AND/OR PO NUMBER: REQUIRED B/L TYPE: original or express B/L UNDER L/C TERM DIMENSIONS IN CM: QUANTITY: LENGTH: WIDTH: HEIGHT: SHIPPER: to mention on the B/L and contact for booking / pickup. full company name, full address, full contact details (name, e-mail, phone) CONSIGNEE: to mention on the B/L. full company name, full address, full contact details (name, e-mail, phone) DANGEROUS GOODS: STACKABLE: PRODUCT DESCRIPTION: NOTIFY: to mention on the B/L. full company name, full address, full contact details (name, e-mail, phone) HS CODE(S): PICKUP LOCATION: only if pickup by Gateway is required. full company name, full address, full contact details (name, e-mail, phone) SPECIAL INSTRUCTIONS / REQUIREMENTS: special instructions for pickup (fixed time slot or whatsoever), eur-1 or any other documents required etc..etc.. please advise here in this section.

OPENING HOURS: LOADING REF: