

# THOMPSON SHIPPING CO., LTD.

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## CARGO INFORMATION SHEET

DESTINATION:  CAYMAN BRAC  LITTLE CAYMAN

Date: \_\_\_\_\_

Insurance: Yes / No

SHIPPER:

CONSIGNEE:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Bill to: Shipper / Consignee / Other \_\_\_\_\_

Shrink  
Wrapped Y/N # of Pallets # of Pieces

### CARGO DESCRIPTION

Weight L W H Dry Chill Frozen

| Shrink | Wrapped Y/N | # of Pallets | # of Pieces | Description | Weight | L | W | H | Dry Chill Frozen |
|--------|-------------|--------------|-------------|-------------|--------|---|---|---|------------------|
|        |             |              |             |             |        |   |   |   |                  |
|        |             |              |             |             |        |   |   |   |                  |
|        |             |              |             |             |        |   |   |   |                  |
|        |             |              |             |             |        |   |   |   |                  |
|        |             |              |             |             |        |   |   |   |                  |
|        |             |              |             |             |        |   |   |   |                  |
|        |             |              |             |             |        |   |   |   |                  |
|        |             |              |             |             |        |   |   |   |                  |
|        |             |              |             |             |        |   |   |   |                  |

Dry Cargo Value CI\$ \_\_\_\_\_ Loaded in Container # \_\_\_\_\_

Chill Cargo Value CI\$ \_\_\_\_\_ Loaded in Container # \_\_\_\_\_

Frozen Cargo Value CI\$ \_\_\_\_\_ Loaded in Container # \_\_\_\_\_

Comments/Instructions: \_\_\_\_\_ Receiving Clerk: \_\_\_\_\_

\_\_\_\_\_ Delivery Clerk: \_\_\_\_\_