CONSOLIDATION REQUEST

This form can be filled out electronically. If you prefer printing it, please type clearly

CONSIGNEE'S FULL NAME (**IMPORTANT:** all cargo being consolidated needs to be labeled under this name)**:** _____

CONSIGNEE'S ADDRESS (in St. Croix): _____

_____

CONSIGNEE'S EMAIL: _____ **CONSIGNEE'S PHONE**: _____

INVOICE NUMBER	TRACKING NUMBER	SUPPLIER FOR EXAMPLE: AMAZON.COM, WAYFAIR	SHORT COMMODITY DESCRIPTON	EST. DATE OF ARRIVAL	NO. OF PIECES

_____ _____ _____

Date **Printed Name** **Signature**

*Storage charges may apply. Please visit our Warehousing section on www.vicargo.com
*Cargo not included on this list will not be consolidated and will sail on the next shipment

ST CROIX
6117 Castle Coakley St. Croix, VI 00820
Tel: 340-778-6331

MIAMI
11401 NW 107 St. Suite 200 Miami, FL 33178
Tel: 305-863-0081 **Fax:** 305-863-0060