



201 Hansen Court, Suite 121  
Wood Dale, IL 60191 USA  
Tel: 630-274-6000  
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### International Freight Services, Inc. Routing Order

Date: \_\_\_\_\_ Supplier Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_  
P.O. # \_\_\_\_\_ Terms of Sale: \_\_\_\_\_  
Supplementary cargo insurance requested? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Shipment will be ready on: \_\_\_\_\_

**SUBJECT: ROUTING REQUEST**

**Please note that we have made arrangements to have our future consignment by AIR or OCEAN forwarded through CLEARFREIGHT Incorporated via their local office; detailed as follows:**

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**We ask that you route any shipments to us through this firm until further notice. Thank you for your cooperation.**

Very truly yours,  
PRINT YOUR NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_ DATE: \_\_\_\_\_