




**Galaxy Freight Services, Inc.**  
 2700 Greens Road, Suite K-300 Houston, Texas 77032  
 Tel. 281.442.SHIP (7447) Fax. 832.201.0977  
 877.602.SHIP (7447)  
[www.galaxyfreightservices.com](http://www.galaxyfreightservices.com)

GALAXY REFERENCE NUMBER <b>GFS-</b>
--

CUSTOMER NAME: \_\_\_\_\_

DATE/TIME		FROM/SHIPPER (SIGN BOX #1 & #2)		DATE/TIME		TO/CONSIGNEE (SIGN BOX #3)	
STREET ADDRESS				STREET ADDRESS			
CITY/ STATE/ ZIP CODE				CITY/ STATE/ ZIP CODE/COUNTRY			
PHONE NO.		FAX		PHONE NO. FAX		AIRPORT PREFERENCE	
EMAIL		REFERENCE		EMAIL		REFERENCE	
DECLARED VALUE FOR CUSTOMS ONLY		DECLARED VALUE/INSURANCE CARRIER'S MAXIMUM LIABILITY FOR THIS SHIPMENT IS \$50.00 OR \$0.50 PER POUND UNLESS A HIGHER VALUE IS DECLARED.		<b>PAYMENT (MUST CHECK ONE)</b> BILL TO REFERENCE: NAME: CREDIT CARD EXP. DATE ____/____/____ CASH RECEIVED BY: CHECK NUMBER AMT\$			
\$ US	\$	I Accept insurance _____ I Decline Insurance _____ If Left unchecked, No Value will be declared.					
SERVICE REQUESTED		<input type="checkbox"/> DOOR TO DOOR <input type="checkbox"/> AIRPORT TO AIRPORT <input type="checkbox"/> TERMINAL TO TERMINAL <input type="checkbox"/> DOOR TO TERMINAL <input type="checkbox"/> TERMINAL TO DOOR <input type="checkbox"/> AIRPORT PICK UP <input type="checkbox"/> TERMINAL PICK UP					
<input type="checkbox"/> OVERNIGHT	<input type="checkbox"/> SAME DAY						
<input type="checkbox"/> ECONOMY	<input type="checkbox"/> SPECIFIC DATE						
QTY	DIMENSIONS/DESCRIPTION INCLUDE P.O./REFERENCE NUMBERS			ACTUAL LBS./KG	VOLUME LBS./KG	FREIGHT CHARGES	
						HANDLING/DOC	
						SPECIAL PU/ DL	
						PACKING/CRATING	
						INSURANCE	
						OTHER	
SHIPPER'S SIGNATURE (I AGREE TO ALL OF THE TERMS AND CONDITIONS OF THIS CONTRACT)				DATE	TIME	\$.	
1.							
DOES THIS SHIPMENT CONTAIN HAZARDOUS MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO							
2.							
DRIVER OR AGENT SIGNATURE				DATE	TIME	<b>Please visit our website</b>  <b>www.galaxyfreightservices.com</b>	
3.							
CONSIGNEE'S SIGNATURE WHEN RECEIVED IN GOOD ORDER <b>PRINT AND SIGN WHEN RECEIVED</b>				DATE	TIME		
4.							
Terms and Conditions: It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage. SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE SIDE HEREOF. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring an insurance value for carriage and paying a supplemental charge. Galaxy has the right to screen 100% of all cargo for security purposes. NOTE: Antiques, Works of Art, Jewelry, or other non-reproducible articles will not be insured in excess of \$50.00. Values agreed to be \$50.00 or \$0.50 per pound unless excess Insurance value is declared. Declared Value/Insurance covers only shipping related damages. Concealed/internal damages will not be covered.							