



Container Receiving and Acknowledgment Agreement

(To be completed and signed after 1st RORO inspection and at time of payment)

I _____ (print name) hereby confirm that I am the shipper or the owner of the item(s) and shall be responsible for all payment required hereunder this Agreement.

Address: _____

Drop off Date: _____ Storage Start Date: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

How did you hear about us? _____

Did a Sifax Team Member refer you? _____ Team Member Name: _____

Description of Items: _____

Any clearing agents booked by Sifax personnel or the client are not employees of Sifax Shipping company LLC.

Insurance Policy

- Insurance is optional and extra. (No automatic insurance on any shipments)
- Insurance must be requested by customer before shipment
- Sifax holds no responsibility for damaged, theft or such incidents
- Sifax holds no responsibility for Acts deemed "Acts of God"
- Please place insurance to protect cargos.
- See contract for insurance policy & more info.

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