SERVICE ORDER

DATE	

TO: CARGO INSPECTION SERVICE LLC	
FROM (Company name):	
ADDRESS 1:	
ADDRESS 2:	
CITY: COUNTRY: ZIP CODE:	
AUTHORIZED COMPANY OFFICIAL ORDERING THE WORK:	
LAST NAME: FIRST NAME:	
CELL PHONE: E-MAIL:	
DESCRIPTION OF THE SERVICE REQUESTED:	
I have read and accept the Privacy Policy and Terms and conditions of service in www.cargoinspectionservice.net	
Sign this form with a digital certificate if you have one (i.e. DocuSign). Otherwise, print the PDF form and sign it. Scan the form and send it in PDF format by e-mail to manager@cargoinspectionservice.net	
SIGNATURE:	