CAL AIR CARGO INC.
PERISHABLE FREIGHT SPECIALISTS

# Miami Consolidation Alert

Please fill out this form in its entirety. Please list all the shippers for this order. Include address and phone number to whom the order is going to, the destination, number of pieces, your first and second choice of airline(if any), and a declared value for the entire order (if any desired).

| | | |
|---|---|---|
| **Consolidation Date:** | | |
| Your Company: | | |
| Ship to: | NOA Phone # : | |
| Address: | | |
| City/State: | Airport code: | |
| Your Name: | First Preferred Carrier: | |
| **Declared Value:** | Second Preferred Carrier: | |
| Shipper's Name | # of Pieces | Special Instructions |
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**Please Fax completed form to (305) 871-4558.**
**Should you have any questions please contact us at (888) 871-4552**