



Dionysius Transport Services Pty Ltd.

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*****PLEASE FILL OUT AND EMAIL BACK TO imports@dionysiustransport.com.au *****

IMPORT Booking Form

Container No.:

Reference No.:

Custom Broker:

Invoicing Customer:

Delivery Address:

Suburb:

Contact:

Wharf:

Vessel:

Empty Park:

Size of Container: 20' 40'

Type of delivery: Trailer Sideloader

Gross weight (full):

Tare weight (Mt):

Type of Container: GP HC OT Flat Rack Haz Reefer

Door Direction: Front Rear

AQIS: Tailgate or Fumo or AQIS Unpack @ _____

Status of Container: Held Xray Clear

Is Shipment Paid In: Yes or No

When would you prefer slot booked: FFD LFD Anytime

Preferred delivery time: Mon AM Tues or Wed PM Thurs or Fru Pre-load Sat/Sun (8am or earlier)

Any other instructions: _____

