



SEAFREIGHT SHIPPING CONTRACT

Date:

Prepared For:

Name: _____
Street Address: _____
Town/City: _____ County: _____
Post Code: _____ Country: _____
Home Phone: _____ Fax: _____
Work Phone: _____ Email: _____

Motorcycle Information

Year: _____ **Make:** _____ **Model:** _____ **cc:** _____
Vehicle Identification Number: _____
Height: _____ **Width:** _____ **Length:** _____ **Weight:** _____
Registration number: _____ **Value:** _____

If your motorcycle has any chassis, suspension or wheel modifications that will require special attention when securing your motorcycle for shipping, please provide a photograph and details

DEPARTURE (please complete as appropriate)

Requested Date of Drop Off: _____
Requested Date of Departure: _____
Requested Date of Arrival: _____
Requested Port of Departure: Southampton
Requested Port of Arrival: _____

Address and Phone Number at Port of Arrival: (Must be completed)

Phone number _____

RETURN TRIP – FOR INFORMATION ONLY, YOU WILL NEED TO BOOK YOUR RETURN SEAFREIGHT IN THE COUNTRY YOU ARE RETURNING FROM

Requested Date of Drop Off: _____
Requested Date of Departure: _____
Requested Port of Departure: _____
Requested Port of Arrival: Southampton

YOUR CONTRACT IS NOT VALID UNTIL AVAILABILITY IS CONFIRMED WITH OUR CARRIER

IMPORTANT INSTRUCTIONS REGARDING YOUR SHIPMENT

YOU WILL BE RESPONSIBLE FOR THE FOLLOWING:

1. Transportation to / from shipping offices, docks and customs offices. The docks may be 4-5 miles away from the shipping office and will either require a taxi journey or your own transportation. There may be no public transport.
2. Customs clearance at all ports. This will involve collecting any documentation and taking them to the Customs office. This may also require transportation. You will collect your motorcycle from the warehouse after paying any applicable fees, duties or overtime charges.
3. Arranging transit insurance if you require it. Under FSA regulations *H-C Travel* is prohibited from offering this service, but we can provide you with the details of a possible insurer.
4. Having **no more than one gallon** of petrol (gasoline) in the tank.
5. Providing ALL spare keys (ignition, fuel tank, bags etc.) in the event it is required at the ports.
6. Any modifications the shipping line may require which will enable them to ship your motorcycle.
7. Any Duty or Tax that may be payable to Customs on your motorcycle shipment.
8. Verifying the days and hours ports are open for drop off and pick up of motorcycle.
9. Verifying the days and hours customs offices are open for customs clearance at each port.
10. Any overtime or after hour's fees.
11. Presenting the **original registration document** and at least one form of photo ID at all ports.
12. Verifying the motorcycle shipment has arrived and is available for pick up at the port of destination. You must always refer to the seaway bill number.
13. Any storage charges at ports if motorcycle is dropped off prior to the scheduled drop off date.
14. Any storage charges if motorcycle is not picked up within the allowable time at your port of arrival (usually 5 days).
15. Any terminal fees, warehouse fees, customs fees or handling charges which are payable only at your port of arrival / departure. These vary from port to port and are payable in local currency only. We will advise you of local requirements.
16. You **MUST** notify the shipping line (and your transit insurer if you have one) immediately in the event of damage caused by handling. As a condition precedent to recovery, a claim for any loss or damage must be filed immediately with the shipping line. If not, your claim may be denied.
17. Any surface transportation or expenses due to any delay in shipment.
18. Arranging return seafreight prior to your return. We will provide you with contact information.

SHIPPING CONTRACT TERMS AND CONDITIONS

1. The transportation of this shipment shall be governed by the rates, terms and conditions of any existing contract between the client and *H-C Travel*.
2. *H-C Travel* shall not be liable for delay caused by changes to sailing schedules, customs clearance, change in manifest, lack of capacity or from any cause.
3. *H-C Travel* will not be bound to transport by any particular schedule, means, vehicle or otherwise as a result of a delay.
4. In no event shall *H-C Travel* be responsible for any indirect, incidental, special or consequential expenses arising out of a delay in shipment.
5. *H-C Travel* shall have the right in case of physical necessity to forward said property by any carrier or route between the point of shipment and the point of destination.

I UNDERSTAND THE ABOVE INSTRUCTIONS AND AGREE TO THE TERMS AND CONDITIONS.

Name:

Signed: _____ **Date:** _____

PAYMENT OPTIONS

CLIENT'S NAME: _____

CHEQUE

All cheque payments must be made in pounds sterling, drawn on a UK Bank, payable to *H-C Travel Ltd* for the total premium.

Mail to:

H-C Travel Ltd
16 High St
Overton
Hants. RG25 3HA

BANK / WIRE TRANSFER

You can have your bank wire the premium directly to our bank. Obtain a confirmation that the funds have been wired. You will be responsible for payment of any fees incurred by you bank for this service.

If paying from a non-UK account, please add our bank processing charge of £10.00.

WIRE INFORMATION:

Lloyds TSB
2 Winchester St
Basingstoke
Hants. RG21 7EB

Bank sort code 30-90-53

Name of Account: *H-C Travel Ltd*

Account 02037109

IBAN: GB02LOYD30905302037109

SWIFT: LOYDGB21153

WEBSITE

You can pay by debit, charge or credit card on our website, www.hctravel.com, by completing a booking form and using our Worldpay secure payment account.

CREDIT CARD/DEBIT CARD

Please charge the amount of £ _____ (GBP) plus a handling charge of 1.5% if paying by credit card (no charge for debit cards) to my:

VISA CREDIT _____ MASTERCARD _____ VISA DEBIT _____ MAESTRO _____

Expiry Date: _____ / _____ Valid from: _____ / _____ Issue no. _____

Card No. _____ 3-DIGIT SECURITY CODE _____

Name: _____

(Print name as shown on Credit Card)

Credit Card Billing Address:

I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT.

X _____ Date: _____
(Cardholder's Signature)