Booking Request-FACE **Booking@htbyb.com** **Fax: 543-9461**

Shipper:	
Name	
Address Line 1	
Address Line 2	
Contact Person:	
Tel. #(808) , Fax #(808)	
Email:	
Trucking Co:	
Reference:	

Consignee:	
Name	
Address Line 1	
Address Line 2	
Contact Person:	
Tel. #(808) , Fax #(808)	
Email:	
Trucking Co:	
Reference:	

								FOR BOOKING OFFICE	
Port	Sail Date	Payment - Shipper or Consignee	Quantity	Cargo Description or Container #	L x W x H **OR** CNTR size	Bond?	HAZ	Check in day	Shipment Number

**Booking Number must be noted in the box located in the top right-hand corner of the Bill of Lading.
Confirm quantity of containers to be shipped (and container no.) versus quantity booked by by email or fax no later than 11am day before sailing.
For the Kawaihae Thursday sailing, please send confirmation by 1:00 Wednesday.
For the Sunday sailings, please send confirmation by 3:00 Thursday.