

# Coppersmith Inc.

## Demurrage Reimbursement Guarantee

Date:

To:

Attn:

Re:

Please be informed that the above-referenced shipment is on demurrage and requires a demurrage guarantee on our part to secure the release of this shipment. To do so, our Accounting Department requires a written guarantee for reimbursement of these charges. By signing below, you are authorizing us to conduct this procedure and agree to pay the charges as noted. Please sign and email to your local Coppersmith Inc. office listed below. We thank you for your cooperation.

I \_\_\_\_\_, representative of \_\_\_\_\_

Agree to reimburse Coppersmith Inc. an amount of \$ \_\_\_\_\_ for  
charges incurred on the above referenced shipment.

Signature \_\_\_\_\_

**Los Angeles Office**

Phone: (310) 607-8000 • Fax: (310) 607-8001

**San Francisco Office**

Phone: (650) 872-1225 • Fax: (650) 872-1070

**Portland Office**

Phone: (503) 249-1400 • Fax: (503) 249-3950

**Seattle Office**

Phone: (206) 242-6181 • Fax: (206) 242-0089

**Dallas Office**

Phone: (972) 262-0539 • Fax: (972) 262-1128

**Houston Office**

Phone: (281) 442-4800 • Fax: (281) 442-8892

**Chicago Office**

Phone: (847) 437-1500 • Fax: (847) 437-1501

**Atlanta Office**

Phone: (404) 766-0111 • Fax: (404) 766-9007

**New York Office**

Phone: (718) 723-5000 • Fax: (718) 723-5005