



# HOMEBARDBOUND

BECAUSE QUALITY EMBALMING MATTERS

866-699-SHIP (7447)  
www.HomewardBoundShipping.com

Thank you for your interest in becoming a Homeward Bound Shipping Agent. Please complete the form below and email back to [matt@mor-bid.com](mailto:matt@mor-bid.com). When determining your charges, please keep in mind that we are competing with other national shipping companies. Thank you.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Coverage Area (i.e. 100 Mile radius of zip Code 00000) \_\_\_\_\_

## **Charges:**

### **Ship Out**

Transfer From Place of Death to Mortuary: \$ \_\_\_\_\_

Embalm: \$ \_\_\_\_\_

File: \$ \_\_\_\_\_

Transport to Airport: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### **Additional Charges (if any):**

Autopsy Repair \$ \_\_\_\_\_

Mileage over \_\_\_\_\_ Per Mile: \$ \_\_\_\_\_ Home / Nursing Home Transfer: \$ \_\_\_\_\_

Shipping Container / Combo Unit: \$ \_\_\_\_\_

Cremation / Authorization Fees \$ \_\_\_\_\_ / \$ \_\_\_\_\_ CDC's (1<sup>st</sup>/Additional) \$ \_\_\_\_\_ / \$ \_\_\_\_\_