

# Shipper's Letter of Instruction

SELLER / SHIPPER		SHIP DATE	AWB NUMBER
		INLAND CARRIER	PRO NUMBER
SHIPPER/EXPORTER EIN	PARTIES TO TRANSACTION	PAYMENT METHOD	
CONSIGNEE		SPECIAL INSTRUCTIONS	
INTERMEDIATE CONSIGNEE		IF UNABLE TO DELIVER	
FORWARDING AGENT		POINT (STATE) OF ORIGIN OR FTZ NUMBER	
		FINAL DESTINATION	
SHIPPER'S REFERENCE NO.	DATE	EXPORTING CARRIER	

D/F	HTS CODE DESCRIPTION	QUANTITY	SHIPPING WEIGHT (kg)	MARKS & NUMBERS	VALUE US DOLLARS

DULY AUTHORIZED OFFICER OR EMPLOYEE	LIC. #/LIC. EXCPTN. SYMB.	ECCN (When required)
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<p>The shipper or his Authorized Agent hereby authorizes the Forwarder named above, in his name and on his behalf, to prepare any export documents, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The shipper guarantees payment of all collect charges in the event the Consignee refuses payment. Hereunder the sole responsibility of the Forwarder is to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipments.</p>	<p><b>SHIPPER REQUESTS INSURANCE</b></p> <p style="text-align: center;">\$ _____</p> <p>If shipper has requested insurance as provided for above, shipment is insured in the amount indicated (recovery is limited to actual loss) in accordance with the provisions as specified in the Carrier's Tariffs. Insurance is payable to Shipper unless payee is designated in writing by the shipper.</p>
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