

SHIPPER'S LETTER OF INSTRUCTIONS

SHIPPER (Name and address including ZIP code) ZIP CODE	INLAND CARRIER	SHIP DATE	PRO NUMBER
EXPORTER EIN NO.	PARTIES TO TRANSACTION		
ULTIMATE CONSIGNEE			
INTERMEDIATE CONSIGNEE			
FORWARDING AGENT			
POINT (STATE) OF ORIGIN OR FTZ NO.		COUNTRY OF ULTIMATE DESTINATION	

SHIPPER'S REF. NO.	DATE	SHIP VIA	
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SCHEDULE B DESCRIPTION OF COMMODITIES							VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold)
D/F	MARKS, NOS., AND KIND OF PACKAGES SCHEDULE B NUMBER	QUANTITY - SCHEDULE B UNIT(S)	SHIPPING WEIGHT <i>(Kilos)</i>	SHIPPING WEIGHT (Pounds)	CUBIC METERS		

VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL	ECCN <i>(When required)</i>	PAYMENT METHOD
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Duly authorized officer or employee	The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes	C.O.D. AMOUNT \$
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SPECIAL INSTRUCTIONS

SHIPPER REQUESTS INSURANCE	If shipper has requested insurance as provided for at the left hereof, 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.	SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT AS CONSIGNED:
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The shipper or his Authorized Agent hereby authorizes the above named Company, 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 Company is to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipments.