

SHIPPER (Name & Address)		ZIP CODE:		INLAND CARRIER			
				SHIP DATE		PRO NO	
EXPORTER EIN (IRS) NO.		PARTIES TO TRANSACTION Related      Non-Related					
ULTIMATE CONSIGNEE							
INTERMEDIATE CONSIGNEE							
FORWARDING AGENT				POINT (STATE) OF ORIGIN OR FTZ NO			
				COUNTRY OF ULTIMATE DESTINATION			
<b>SHIPPER'S LETTER OF INSTRUCTION</b>				SHIP VIA      AIR      OCEAN      TRUCK      RAIL      COURIER			
SHIPPER'S REF NO.		DATE		CONSOLIDATE      DIRECT			
<b>SCHEDULE B DESCRIPTION OF COMMODITIES</b>							
D/F	MARKS, NOS. AND KIND OF PKGS SCHEDULE B NUMBER		QUANTITY SCHEDULE B UNIT(S)	SHIPPING WEIGHT (KGS)	SHIPPING WEIGHT (LBS)	CUBIC METERS	VALUE (CURRENCY)
VALIDATED LICENSE NO / GENERAL LICENSE SYMBOL		ECCN (When Required)		SHIPPER MUST CHECK  PREPAID or      COLLECT			
DULY AUTHORIZED OFFICER OF EMPLOYEE		The Exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.			C.O.D. AMOUNT:		
SPECIAL INSTRUCTIONS				YES, PREPARE BOL AND FORWARD FOR BANKING			
SHIPPER INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT ABANDON      RETURN TO SHIPPER  DELIVER TO				SHIPPER REQUESTS INSURANCE NO      YES & AMT			
NOTE The Shipper or the Authorized Agent hereby authorizes the above named Company, in the name and on his behalf to prepare any export documents to sign and accept any documents relating to said shipment and forward the 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 shipment.							