

Shipper's Letter of Instruction

Freight Forwarder

Ultimate Consignee

Id Number	
Exporter Phone	
Exporter Fax	
Exporter Officer	
Ship Via	
Date	
Containerized	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Exporter

Intermediate Consignee

Marks and Numbers	No. of Pkgs	Description	Net Weight	Measurements

<table> <tr> <td>Inland Freight Costs:</td> <td><input type="text" value="\$0.00"/></td> <td><input type="checkbox"/></td> <td><input type="text" value="\$0.00"/></td> </tr> <tr> <td>Ocean/Air Costs:</td> <td><input type="text" value="\$0.00"/></td> <td><input type="checkbox"/></td> <td><input type="text" value="\$0.00"/></td> </tr> <tr> <td>Handling Fees:</td> <td><input type="text" value="\$0.00"/></td> <td><input type="checkbox"/></td> <td><input type="text" value="\$0.00"/></td> </tr> <tr> <td>Insurance Costs:</td> <td><input type="text" value="\$0.00"/></td> <td><input type="checkbox"/></td> <td><input type="text" value="\$0.00"/></td> </tr> <tr> <td>Consular Fees:</td> <td><input type="text" value="\$0.00"/></td> <td><input type="checkbox"/></td> <td><input type="text" value="\$0.00"/></td> </tr> <tr> <td>Additional Charges:</td> <td><input type="text" value="\$0.00"/></td> <td><input type="checkbox"/></td> <td><input type="text" value="\$0.00"/></td> </tr> </table> <p style="text-align: center; font-size: small;">Quote Y/N Adjustment</p>	Inland Freight Costs:	<input type="text" value="\$0.00"/>	<input type="checkbox"/>	<input type="text" value="\$0.00"/>	Ocean/Air Costs:	<input type="text" value="\$0.00"/>	<input type="checkbox"/>	<input type="text" value="\$0.00"/>	Handling Fees:	<input type="text" value="\$0.00"/>	<input type="checkbox"/>	<input type="text" value="\$0.00"/>	Insurance Costs:	<input type="text" value="\$0.00"/>	<input type="checkbox"/>	<input type="text" value="\$0.00"/>	Consular Fees:	<input type="text" value="\$0.00"/>	<input type="checkbox"/>	<input type="text" value="\$0.00"/>	Additional Charges:	<input type="text" value="\$0.00"/>	<input type="checkbox"/>	<input type="text" value="\$0.00"/>	<input type="checkbox"/> YES, I would like a quote on these charges. <input type="checkbox"/> YES, Please adjust Invoice with these charges.	Incoterm: <input type="text"/> Location: <input type="text"/> <input type="text"/>
Inland Freight Costs:	<input type="text" value="\$0.00"/>	<input type="checkbox"/>	<input type="text" value="\$0.00"/>																							
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Additional Charges:	<input type="text" value="\$0.00"/>	<input type="checkbox"/>	<input type="text" value="\$0.00"/>																							
Please respond with these costs by: <input checked="" type="radio"/> Fax <input type="radio"/> Phone <input type="radio"/> E-Mail		How do you want the freight billed? <input type="radio"/> Prepaid <input type="radio"/> Collect Shipping Details: <input type="radio"/> Consolidate <input type="radio"/> Direct																								
Special Instructions Do you require insurance? <input type="radio"/> Yes <input checked="" type="radio"/> No Type of Insurance: <input type="text"/> License Number/Symbol: <input type="text"/> Forward Documents To: <input type="text"/>	These documents are attached to this Shipper's Letter of Instruction: <input type="checkbox"/> Invoice <input type="checkbox"/> P-List <input type="checkbox"/> Overland-BL <input type="checkbox"/> NAFTA <input type="checkbox"/> C of O <input type="checkbox"/> Attachment <input type="checkbox"/> SED <input type="checkbox"/> Draft <input type="checkbox"/> Shipper's Endorsment <input type="checkbox"/> Other-see special instruction																									

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. 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.

Title: _____

Signature: _____