

## SHIPPER'S LETTER OF INSTRUCTION

SHIPPER	CONSIGNEE				
Name	Name	Name			
Address	Address	Address			
Phone #	Phone #	Phone #			
Forwarding Agent	Notify Party	Notify Party Bank			
Forwarding Agent EIN					
Port of Load	Port of Destin	Port of Destination			
Dealing / Joh Ma	Cabadula D.#	Cabadula D.#			
Booking / Job No.	Schedule B #	Scriedule B #.			
CARGO INFORMATION Description of the Cargo					
Quantity of Packages	Package Type	Package Type			
Weight Lbs. KG.	Measurement		CF	CM	
Equipment Number(s)	Seal Number(	Seal Number(s)			
Booking Type Less than a Container (LCL)		Full Container Breakbulk / Vehicle			
		emperature:		Degrees:	
20' 40' 45'	20' 40'			=	
Hazardous Material YES NO	Bonded	YES	NO		
View Instructions on Hazardous Material					
Type of valid Identification Accompanying this shipment:					
DOCUMENT DISTRIBUTION Ocean Freight Charges Prepaid: Charges will billed to Shipper Collect: Charges will be billed to Consignee		Bill to Third Party (Information)			
Would you like proof of shipment Bill of Lading?		YES NO		NO	
(If answer is YES, please provide email or fax number)					
		:			
ADDITIONAL INFORMATION Please advise if there are other shipments to consoli Please show suppliers and approximate quantities.	date (If ans	YES wers is YES, pro		NO fax number)	
	USTOMER MAITIONAL DUTIE	ES AND /OF	R FINES		

Insurance is automatically applied at an adittional cost unless written instructions state otherwise. Certain commodities are excluded of coverage. A listing of these items is available upon request.