


# SHIPPER'S LETTER OF INSTRUCTIONS

1a. EXPORTER (Name and address including ZIP code)							
			ZIP CODE				
b. EXPORTER'S EIN (IRS) NO.		c. PARTIES TO TRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related					
4a. ULTIMATE CONSIGNEE							
b. INTERMEDIATE CONSIGNEE							
FORWARDING AGENT				6. POINT (STATE) OF ORIGIN OR FTZ N <sup>o</sup>			
8. LOADING PIER (Vessel only)				9. MODE of TRANSPORT (Specify)			
10. EXPORTING CARRIER				11. PORT OF EXPORT			
12. PORT OF UNLOADING (Vessel and air only)				13. CONTAINERIZED (Vessel only) <input type="checkbox"/> Yes <input type="checkbox"/> No			
SHIPPER REQUESTS INSURANCE <input type="checkbox"/> No <input type="checkbox"/> Yes \$				<b>SHIPPER MUST CHECK</b> <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT C.O.D. \$ _____ <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> CONSOLIDATE <input type="checkbox"/> DIRECT SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT <input type="checkbox"/> AS ASSIGNET <input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER <input type="checkbox"/> DELIVER TO			
14. SCHEDULE B DESCRIPTION OF COMMODITIES				SHIPPER'S REF. N <sup>o</sup>			
15. MARKS, NOS., AND KINDS OF PACKAGES				DATE			
(Use columns 17-19)				VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold)			
D/F (16)	SCHEDULE B NUMBER (17)	CHECK DIGIT	QUANTITY - Schedule B Unit (s) (18)	SHIPPING WEIGHT (kg) (19)	<b>SHIPPERS NOTE:</b>  IF YOU ARE UNCERTAIN OF THE SCHEDULE B COM-MODITY NO. DO NOT TYPE IT IN - WE WILL COMPLETE WHEN PROCESSING THE 7525V.  WE HAVE FORWARDED TO YOU, THE SHIPMENT DESCRIBED BE-LOW VIA: <input type="checkbox"/> YOUR TRUCK, OR <input type="checkbox"/> OTHER CARRIER (LISTED BELOW) TRUCK LINE NAME _____  RECEIPT (PRO) NUMBER _____  DECLARED VALUE FOR CARRIAGE \$ _____		
21. VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL				22. ECCN (When required)			
23. Duty authorized officer or employee				The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.			
24. I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the „CORRECT WAY TO FILL OUT THE SHIPPER'S EXPORT DECLARATION.“ I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410).				DOCUMENTS ENCLOSED:			
SIGNATURE				SPECIAL INSTRUCTIONS:			
TITLE				Value listed is reportable amount for SED			
DATE				Please notify _____ if there are any problems with this shipment. Phone: Fax: E-Mail:			
25. AUTHENTICATION (When required)							

**NOTE:** The shipper of his Authorized Agent hereby authorizes the above named Company, in his name and on 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 shipment.

By signing this form I/we hereby consent to screening this shipment as per Transportation Security Administration (TSA) requirements.