

SHIPPER'S LETTER OF INSTRUCTION

1a. U.S. PRINCIPAL PARTY IN INTEREST (USPPI) <i>(Complete name and address)</i>		ZIP CODE
b. EXPORTER'S EIN (IRS) NUMBER	c. PARTIES TO TRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related	
4a. ULTIMATE CONSIGNEE		
5. FORWARDING AGENT		
6. POINT (STATE) OF ORIGIN OR FTZ NO.		7. COUNTRY OF ULTIMATE DESTINATION



AIR & SEA FORWARDER

• LOS ANGELES • SAN FRANCISCO • HOUSTON • CHICAGO • ATLANTA • NEW YORK
 BOSTON • JAPAN • UNITED KINGDOM

ON RECEIPT OF THE SHIPMENT DESCRIBED BELOW, THE FORWARDING AGENT IS REQUESTED AND AUTHORIZED TO: PREPARE AND ISSUE THE NECESSARY BILL OF LADING, SIGN SUCH BILL OF LADING IN THE NAME OF THE UNDERSIGNED, CONSIGN SUCH SHIPMENT FOR CARRIAGE TO DESTINATION OF FOR ONWARD CARRIAGE AND DELIVERY BY ANY OTHER TRANSPORTATION ORGANIZATION IN ACCORDANCE WITH THE TERMS AND CONDITIONS CONTAINED IN THE BILL OF LADING, TARIFFS, RULES AND REGULATIONS, INCLUDING PROVISIONS THEREOF LIMITING LIABILITY TO THE SHIPPER'S "DECLARED VALUE FOR CARRIAGE", AND TO PREPARE AND EXECUTE IN SHIPPER'S NAME ANY DOCUMENTS REQUIRED FOR EXPORT.

SHIPPER'S LETTER OF INSTRUCTIONS

NOTE: ① IF YOU ARE UNCERTAIN OF THE SCHEDULE B COMMODITY NO.-DO NOT TYPE IT IN-WE WILL COMPLETE WHEN PROCESSING 7525-V.
 ② IF YOU HAVE SHIPPED THIS MATERIAL TO US VIA AN INLAND CARRIER-PLEASE GIVE US THE INLAND CARRIER'S NAME, SHIPPING DATE, AND RECEIPT OR PRO. NO. (IF AVAILABLE). THIS WILL HELP US EXPEDITE YOUR SHIPMENT WITH THE INLAND CARRIER.

SHIPPER'S REF. NO.	DATE	SHIPPER - CHECK ONE <input type="checkbox"/> PRE-PAID <input type="checkbox"/> COLLECT	SHIPPER - CHECK ONE <input type="checkbox"/> AIR FREIGHT <input type="checkbox"/> OCEAN FREIGHT
--------------------	------	---	--

20. SCHEDULE B DESCRIPTION OF COMMODITIES, (Use columns 22-24)			
D/F or M (21)	SCHEDULE B NUMBER (22)	QUANTITY - SCHEDULE B UNIT(S) (23)	SHIPPING WEIGHT (Kilograms) (24)
			<div style="font-size: 4em; opacity: 0.3;">↑</div> <p style="font-size: 1.2em; color: gray; margin-top: 10px;">SHIPPING WEIGHT Please show in Kilos</p> <p style="font-size: 1.2em; color: gray; margin-top: 10px;">To convert pounds to Kilos divide by 2.2046</p>

FORWARDER NOTE A <input type="checkbox"/> COMMERCIAL INVOICE T <input type="checkbox"/> CERTIFICATE OF ORIGIN T <input type="checkbox"/> PACKING LIST A <input type="checkbox"/> BANKING SIGHT DRAFT C <input type="checkbox"/> GBL (GBL NO.:) H <input type="checkbox"/> EXPORT LICENSE E <input type="checkbox"/> LETTER OF CREDIT D <input type="checkbox"/> R.A. STATEMENT <input type="checkbox"/> IMPORT LICENSE P <input type="checkbox"/> PROFORMA INVOICE R <input type="checkbox"/> CONSULAR INVOICE E <input type="checkbox"/> CERTIFICATE OR ORIGIN P <input type="checkbox"/> BANKING (SIGHT DRAFT) A <input type="checkbox"/> INSURANCE CERTIFICATE R <input type="checkbox"/> OTHER	VALUE (U.S. dollars, omit cents) <i>(Selling price or cost if not sold)</i> <hr/> (26)
SHIPPER REQUESTS INSURANCE (NORMALLY CIF + 10%) YES <input type="checkbox"/> NO <input type="checkbox"/>	
AMOUNT \$ _____	
DECLARED VALUE FOR CARRIAGE \$ _____	

27. LICENSE NO./ LICENSE EXCEPTION SYMBOL / AUTHORIZATION	28. ECCN <i>(When required)</i>	IS THIS A SHIPMENT OF HAZARDOUS MATERIALS? <input type="checkbox"/> NO <input type="checkbox"/> YES-IF YES, U.S. LAW REQUIRES THE SHIPPER TO PREPARE THE RESTRICTED ARTICLES STATEMENT
---	---------------------------------	---

29. Duly authorized officer or employee

BE SURE TO PICK UP TOP SHEET AND SIGN THE FIRST BUFF EXPORT DECLARATION WITH PEN AND INK

TERMS: CHECK ONE
 LETTER OF CREDIT
 SIGHT DRAFT
 OPEN ACCOUNT

The exporter authorizes the forwarder named above to act as forwarding agent for export control and customer purposes.

D	I	P	I	E	S	I	O	N	S
PIECES	L	W	H						

We have forwarded to you, the shipment described below via
 Your Truck, or OTHER CARRIER (SEE BELOW)

TRUCK LINE NAME _____

RECEIPT (PRO) NUMBER _____

GOODS RECEIVED IN APPARENT GOOD ORDER AT:
 SHIPPER DOOR RESIDENCE DOOR CITY TERM. AIRPORT TERM. CARRIER ADVANCE OTHER CARRIER DOOR

TIME	DATE	NO. OF SHIPMENTS	SIGNED FOR BY _____
------	------	------------------	---------------------

THANK YOU FOR SHIPPING WITH MAPCARGO

SPECIAL INSTRUCTIONS

NOTE: 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 shipment.

1a. U.S. PRINCIPAL PARTY IN INTEREST (USPPI)(Complete name and address)			
	ZIP CODE	2. DATE OF EXPORTATION	3. TRANSPORTATION REFERENCE NO.
b. USPPI'S EIN (IRS) OR ID NO.	c. PARTIES TO TRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related		
4a. ULTIMATE CONSIGNEE (Complete name and address)			
b. INTERMEDIATE CONSIGNEE (Complete name and address)			
5a. FORWARDING AGENT (Complete name and address)			
5b. FORWARDING AGENT'S EIN (IRS) NO.			
		6. POINT (STATE) OF ORIGIN OR FTZ NO.	7. COUNTRY OF ULTIMATE DESTINATION
8. LOADING PIER (Vessel only)	9. METHOD OF TRANSPORTATION (Specify)	14. CARRIER IDENTIFICATION CODE	15. SHIPMENT REFERENCE NO.
10. EXPORTING CARRIER	11. PORT OF EXPORT	16. ENTRY NUMBER	17. HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No
12. PORT OF UNLOADING (Vessel and air only)	13. CONTAINERIZED (Vessel only) <input type="checkbox"/> Yes <input type="checkbox"/> No	18. IN BOND CODE	19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> Yes <input type="checkbox"/> No

20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22–24)					
D/F or M	SCHEDULE B NUMBER	QUANTITY – SCHEDULE B UNIT(S)	SHIPPING WEIGHT (Kilograms)	VIN/PRODUCT NUMBER/VEHICLE TITLE NUMBER	VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold)
(21)	(22)	(23)	(24)	(25)	(26)

27. LICENSE NO./LICENSE EXCEPTION SYMBOL/AUTHORIZATION	28. ECCN (When required)	
29. Duly authorized officer or employee	The USPPI authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.	
30. 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).		
Signature	Confidential – Shipper's Export Declarations (or any successor document) wherever located, shall be exempt from public disclosure unless the Secretary determines that such exemption would be contrary to the national interest (Title 13, Chapter 9, Section 301 (g)).	
Title	Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement.	
Date	31. AUTHENTICATION (When required)	
Telephone No. (Include Area Code)	E-mail address	