


1.a U.S. PRINCIPAL PARTY IN INTEREST (USPPI) (Complete name and address) <div style="text-align: right; margin-top: 10px;">ZIP CODE</div>		SHIPPERS REF.		CONSIGNEE'S REF.	
		2. DATE OF EXPORTATION		3. TRANSPORTATION REFERENCE NO.	
1.b USPPI EIN (IRS) NO. OR ID NO.	1c. PARTIES TO TRANSACTION <div style="text-align: center; padding: 5px;">Related</div>				
4a. ULTIMATE CONSIGNEE (Complete name and address)					
4b. INTERMEDIATE CONSIGNEE (Complete name and address)					
5a. FORWARDING AGENT (Complete name and address) FORWARD LOGISTICS GROUP 1181 TRADEPORT DRIVE ORLANDO, FL 32824 TEL: 407-438-5499					
					
<i>Shipper's Letter of Instructions</i>					
5b. DESTINATION FORWARDING AGENT (Complete name and address)			SERVICE TYPE		CHARGES (P= prepaid - C=collect)
		PORT TO PORT	DOOR TO AIRPORT	FREIGHT	DUTY & TAX
		PORT TO DOOR	DOOR TO DOOR	ORIGIN COST	CUSTOM CLEARANCE
6. POINT (STATE) OF ORIGIN OR FTZ NO.			7. COUNTRY OF ULTIMATE DESTINATION		
8. LOADING PIER (Vessel only)		9. METHOD OF TRANSPORTATION		14. CARRIER IDENTIFICATION CODE	
				15. SHIPMENT REFERENCE NO.	
10. EXPORTING CARRIER		11. EXPORT CARRIER		16. ENTRY NUMBER-IF REPAIR (123.4A1) OR TIB	
				17. HAZARDOUS MATERIALS YES <input type="checkbox"/> NO <input type="checkbox"/>	
12. PORT OF UNLOADING (Vessel and air only)		13. CONTAINERIZED (Vessel only) YES <input type="checkbox"/> NO <input type="checkbox"/>		18. IN BOND NUMBER	
				19. ROUTED EXPORT TRANSACTION YES <input type="checkbox"/> NO <input type="checkbox"/>	
DECALRED VALUE FOR CARRIAGE US\$ _____		INSURANCE REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		MODE AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> DIRECT <input type="checkbox"/> CONSOL <input type="checkbox"/>	
20. SCHEDULE B DESCRIPTION					
D/F or M (21)	SCHEDULE B NUMBER (22)	QUANTITY - SCHEDULE B UNIT(S) (23)	SHIPPING WEIGHT (Kilograms)	PRODUCT DESCRIPTION (25)	VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold) (26)
DDTC License Number		USML Category Code		DDTC SME Indicator YES <input type="checkbox"/> NO <input type="checkbox"/>	
				DDTC Unit of Measure	
				DDTC Quantity	
				ITAR Exemption Number	
				DDTC Eligible Party Certification Indicator YES <input type="checkbox"/> NO <input type="checkbox"/>	
DDTC License Number		USML Category Code		DDTC SME Indicator YES <input type="checkbox"/> NO <input type="checkbox"/>	
				DDTC Unit of Measure	
				DDTC Quantity	
				ITAR Exemption Number	
				DDTC Eligible Party Certification Indicator YES <input type="checkbox"/> NO <input type="checkbox"/>	
DDTC REGISTRATION NUMBER				DOCUMENTS ENCLOSED / SPECIAL INSTRUCTIONS:	
				<div style="background-color: #e0e0e0; height: 100px;"></div>	
27. LICENSE NUMBER / LICENSE EXCEPTION SYMBOL / AUTHORIZATION			28. ECCN (When required)		
29. Duly authorized officer or employee			Date		
The above signature hereby authorizes Forward Logistics Group, Inc to act as agent and attorney in fact with authority to perform any act required by law, regulation or custom in connection with the exportation of the above referenced shipment.					
30. Signature				Name / Title	
I certify that all statements made and all information contained herein are true and correct				Date	