CG Railway, Inc. Document Title: Shipping Instructions Form Author: KM	Revision: A Sep 23, 2008 Review and Approval: MC Number: CGR-QMS-App O

COMPANY NAME:

EXPORTER (SHIPPER):	LOADING POINT:
ADDRESS: PHONE: FAX: E-MAIL:	ADDRESS: PHONE: FAX:
RESPONSIBLE FREIGHT BILL PARTY:	FREIGHT FORWARDER/CUSTOMS BROKER - USA:
ADDRESS: PHONE: FAX:	CONTACT: ADDRESS: PHONE: FAX: E-MAIL:
CONSIGNEE (RECEIVER):	CUSTOMS BROKER - MEX:
ADDRESS: PHONE: FAX: ZONE*: _____ TRACK*: _____ SPOT*: (IF APPLICABLE)	CONTACT: ADDRESS: PHONE: FAX: E-MAIL:
IMPORTER OF RECORD: (IF SAME AS CONSIGNEE PLEASE NOTE)	CARE OF PARTY: (IF DIFFERENT THAN CONSIGNEE PLEASE NOTE)
ADDRESS: PHONE: FAX:	ADDRESS: PHONE: FAX:

LOAD (CARGO) DESCRIPTION

# OF PACKAGES	CARGO DESCRIPTION	WEIGHT PER CAR
	STCC:	

ROUTE:	
FREIGHT TERMS:	

SPECIAL HANDLING INSTRUCTIONS AND COMMENTS*

SIGNATURE **DATE**

FOR CGR USE ONLY RWC:	

*** OPTIONAL (ALL ELSE REQUIRED)**