

SHIPPER'S LETTER OF INSTRUCTIONS

INTERNATIONAL SHIPMENTS

BY: <input type="checkbox"/> AIR <input type="checkbox"/> SEA	<input type="checkbox"/> CONSOL <input type="checkbox"/> DIRECT <input type="checkbox"/> EXPRESS <small>CARRIER _____</small>	FREIGHT <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	PICKUP AND PORT TRANSFER <input type="checkbox"/> * <input type="checkbox"/> *	FROM TO <input type="checkbox"/> DOOR <input type="checkbox"/> <input type="checkbox"/> PORT <input type="checkbox"/> PORT _____	INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CIF + 10% <input type="checkbox"/> \$	DEADLINE DATE & TIME <small>(At Destination)</small>
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S	TELEPHONE	FAX
H	NAME	EMAIL
I	COMPANY NAME & ADDRESS	
P	EIN / SS #	
E	REF / PO # FOR BILLING	
R		

C	<input type="checkbox"/> AS PER ATTACHED - INVOICE / PACKING LIST / LETTER OF CREDIT
O	CONTACT
N	TEL NO.
S	COMPANY NAME & ADDRESS
I	
G	
N	
E	
E	

NO. _____

AIR 7 SEAS
 TRANSPORT LOGISTICS, INC.
 SFO • LAX • NYC • CHI • SEA • HOU
 H.O.: PO Box 611117, San Jose, CA 95161
 www.air7seas.com • Sales@air7seas.com

TOTAL PCS.	TOTAL WEIGHT	<input type="checkbox"/> LBS. <input type="checkbox"/> KG.	DIM WEIGHT
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PICK-UP DATE	READY <input type="checkbox"/> NOW	CLOSE AT	<input type="checkbox"/> LIFT GATE RQR'D <input type="checkbox"/> CALL BEFORE P/U
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DESCRIPTION	VALUE FOR CUSTOMS
	\$ _____
ORIGIN OF GOODS: <input type="checkbox"/> USA <input type="checkbox"/>	<input type="checkbox"/> AS PER ATTACHED INVOICE / LETTER OF CREDIT <input type="checkbox"/> TEMPORARY IMPORT / EXPORT

DOCUMENTS & INSTRUCTIONS			
<input checked="" type="checkbox"/> ATTACHED	PREPAID	COLLECT	PREPARE <input checked="" type="checkbox"/> *
<input type="checkbox"/> INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SHIPPERS EXPORT DECL (SED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> COMMERCIAL INVOICE/PACKING LIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CERT. OF ORIGIN & OTHER DOCUMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LETTER OF CREDIT / DRAFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SPECIAL INSTRUCTIONS:			

TEL	FAX	PICK-UP ADDRESS IF DIFF. OR ALSO NOTIFY OR THIRD PARTY BILLING
COMPANY NAME, ADDRESS & CONTACT		

(408) 957-8787
 FAX: (800) 396-6659

PCS:	L	x	W	x	H

SHIPPER'S AUTHORIZATION: I / WE AGREE THAT AIR 7 SEAS STANDARD TERMS & LIABILITY APPLY TO THIS SHIPMENT. I/WE AUTHORIZE AIR 7 SEAS TO COMPLETE OTHER DOCUMENTS NECESSARY TO EXPORT THIS SHIPMENT. I / WE AGREE TO PAY ALL CHARGES IF THE RECIPIENT OR THIRD PARTY DOES NOT PAY.

RECEIVER PAYS CUSTOMS, DUTIES & TAXES

SHIPPER'S SIGNATURE _____ DATE _____