

SHIPPERS LETTER OF INSTRUCTION

DOMESTIC SHIPMENTS

| DATE : | SHIPPER REF. NUMBER: | | | | | | CONSIGNEE REF. NUMBER: | | | | | | | |
|---|---|-----------|---|-------------|-----------|---|---|--|---|--|---|------------------------------|-------------------------|--|
| SHIPPER NAME & ADDRESS INCLUDING ZIP CODE | | | | | | CONSIGNEE NAME & ADDRESS INCLUDING ZIP CODE | | | | | | | | |
| TEL: () | | FAX: () | | | | TEL: (| |) | | FAX: (|) |) | | |
| PREPAID | COLLECT | | | | | AIR | | DAY AIR | TRUCK | UCK | | OTHER | | |
| IF NEITHER COLLECT NOR P | REPAID IS MARKED, SHIP | MENT WILL | 1.15 | TO BE PREPA | | ARGES WILL BE | BILLED TO | WGHT(LBS | 2) | PCS | L | W | н | |
| SPECIAL INSTRU The Shipper Hereby | | To Screer | ı Cargo | | | SECURITY GOVERNM SHOWING | EMS TEN CONTR ENT REC THE CA DATA V | ECURITY NOT IDERED FOR AIR IOLS BY AIR CA GULATIONS. COR INGO'S CONSIGN VILL BE RETAINE FION | TRANSPO ARRIERS PIES OF AI DEE, CONS | ON STATE RTATION AR AND WHEN L RELEVANT SIGNOR, DE | E SUBJEC APPROI SHIPPIN SCRIPTIO | PRIATE, IG DOCU N, AND | OTHER MENTS OTHER | |
| SHIPPER REQUESTS INSURANCE YES NO | | | | | | AMOUNT REQUESTED: \$ IGINAL PAID FREIGHT BILL, BILL OF LADING AND ORIGINAL OR CERTIFIED COPY OF INVOICE. THE ACCEPTANCE OF | | | | | | | | |
| CLAIMS SHOULD BE FILED P THIS SHIPMENT CONSTITUT I CERTIFY THAT TH SHIPMENT IS SUBJE | ES AN OBLIGATION TO P. IS SHIPMENT DOE | S NOT C | CHARGES IF S ONTAIN AI S AS STATE | NY UNAUT | HORIZED E | | | | | | | | | |
| RECEIVED IN GOOD ORDER UNLESS OTHERWISE NOTED UNLESS A GREATER VALUE IS DECLARED HEREIN, THE SHIPPER AGREES AND DECLARES THAT THE VALU | | | | | | F THE PROPERT | DATE TIME | | | | | | | |

OR FRACTION THE OF), BY WHI н THE VALUE DECLARED EXCEEDS 50 CENTS PER POUND OR \$50 (WHICHEVER IS GREATER).