



Shippers Letter of Instruction

All fields must be filled in

SHIPPER INFO

Name _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

Corporate EIN # _____
Personal SS # or Passport # _____

CONSIGNEE *(Party receiving cargo at destination)*

Name _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

NOTIFY PARTY *(Customs Broker or Consignee)*

Name _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

Commodity _____ **Value** _____

Vehicle Year _____ Make _____ Model _____
Vin# _____ *(title must be faxed to our office)*

Pickup Address _____
Contact Person _____ Phone _____

Marine Cargo Insurance Yes No (**select one**) Value _____
Freight Collect Prepaid (**select one**)

Port of Loading _____
Port of Destination _____

Date _____ Signature _____