

SHIPPER (Name & Address) ZIP CODE:			INLAND CARRIER					
			-	SHIP DATE		PRO	NO	
EXPORTER EIN (IRS) NO.  PARTIES TO TRANSACTION Related Non-Related								
ULTIMATE CONSIGNEE								
INTERMEDIATE CONSIGNEE								
FORWARDING AGENT				POINT (STATE) OF ORIGIN OR FTZ NO				
				COUNTRY OF ULTIMATE DESTINATION				
SHIPPER'S LETTER OF INSTRUCTION				SHIP VIA AIR OCEAN TRUCK RAIL COURIER				
SHIPP	ER'S REF NO.	CONSOLIDATE DIRECT						
SCHEDULE B DESCRIPTION OF COMMODITIES								
D/F	MARKS, NOS. AND KIND OF PKGS SCHEDULE B NUMBER			QUANTITY SHIPPING SCHEDULE WEIGHT B UNIT(S) (KGS)		SHIPPING WEIGHT (LBS)	CUBIC METERS	VALUE (CURRENCY)
VALIDATED LICENSE NO / GENERAL LICENSE SYMBOL ECO			ECCN	(When Required)	)	SHIPPER MUST CHECK		
DULY AUTHORIZED OFFICER OF EMPLOYEE The Exporter author			uthorizes	s the forwarder n	amed above	☐ PREPA	ID or COL	LECT
to act as forwarding			arding a	gent for export control and c.O.D. AMOUNT: s purposes.				
SPECI	IAL INSTRUCTIONS	YES, PREPARE BOL AND FORWARD FOR BANKING						
SHIPPER INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT SHIPPER REQUESTS INSURANCE								
ABANDON RETURN TO SHIPPER NO LYES & AMT								
DELIVER TO NOTE								
The Shipper or the Authorized Agent hereby authorizes the above named Company, in the name and on his behalf to prepare any export documents to sign and accept any documents relating to said shipment and forward the shipment in accordance with the conditions of carriage and the tariffs of the								
carriers employed. The shipper guarantees payment of all collect charges in the event the consignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders agents and others to whom it may entrust the shipment.								
GBM SLI								