

SHIPPER (Name & Address) ZIP CODE:				INLAND CARRIER							
			_	SHIP DAT	E		PRO	NO			
EXPORTER EIN (IRS) NO. PARTIES TO TRANSACTION Related Non-Related ULTIMATE CONSIGNEE Non-Related											
INTERMEDIATE CONSIGNEE											
FORWARDING AGENT					POINT (STATE) OF ORIGIN OR FTZ NO						
					COUNTRY OF ULTIMATE DESTINATION						
SHIPPER'S LETTER OF INSTRUCTION											
SHIPPER'S REF NO. DATE											
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)		
VALID	ATED LICENSE NO / GENERAL LICENS	SE SYMBOL	ECCN	(When Rec	quired)		SHIPPER MU	ST CHECK			
				(When ree	uncu)						
to act as forwarding				s the forwarder named above agent for export control and ns purposes.			C.O.D. AMOUNT:				
	AL INSTRUCTIONS	YES, PREPARE BOL AND FORWARD FOR BANKING									
SHIPPER INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT					T SHIPPER REQUESTS INSURANCE						
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											