



SHIPPER'S LETTER OF INSTRUCTIONS

AWB #: _____ Destination _____

Shipper's Name: _____

Address: _____

Phone: _____ Fax: _____

Consignee's Name: _____

Address: _____

Phone: _____ Fax: _____

Delivery Trucking: _____

Agent Name: _____

Charges: PREPAID COLLECT

Number of Packages: _____ Gross Weight: _____

Description of goods: _____

Declared value for Carriage (US\$): _____ Declared value for Customs (US\$) _____

Special Instructions: _____

Authorizing Signature: _____ Title: _____

Print Name: _____ Date: _____