



cargo rates
INTERNATIONAL LLC

OTI License # 020585NF

3322 36th Avenue S, Seattle, Wa 98144

Telephone/Fax: 800 - 721- 2540

Shipper's Letter of Instruction Cover Sheet

EXPORTER: Name and Address		***PLEASE COMPLETE ALL AREAS.*****	
		Bill To: <input type="checkbox"/> Broker <input type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> Other	
Telephone	ZIP CODE	** please advise:*****	
Email	PARTIES TO MTRANSACTION	Does Customer have a Power of Attorney on File giving authority to prepare Export Documents and AES Filing:	
	<input type="checkbox"/> Related <input type="checkbox"/> Non-related	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CONSIGNEE: Name and Address		Who is filing AES: <input type="checkbox"/> You <input type="checkbox"/> Cargo Rates International LLC	
End User Name and Address:		<input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN	
POINT (STATE) OF ORIGIN OR FTZ NO.	COUNTRY OF ULTIMATE DESTINATION	Shipper Requests Insurance:) <input type="checkbox"/> No <input type="checkbox"/> Yes: FOB Plant Value USD \$	
DESCRIPTION of COMMODITIES	Schedule B Number:	SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT AS ASSIGNED <input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER	
Is an Export license required	Validate License NO./GENERAL LICENSE SYMBOL	ECCN (When required	Hazardous Materials
<input type="checkbox"/> No			<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Yes			Shipment Ready Date:
SHIPPER'S REF. NO.		We will FORWARD TO YOU, THE SHIPMENT DESCRIBED VIA:	
		Trucking Details:	
		<input type="checkbox"/> Cargo Rates International LLC Arranges	
		<input type="checkbox"/> Shipper / Broker Arranges	
MARKS, NOS., AND KINDS OF PACKAGES		TRUCK LINE NAME _____	
		RECEIPT (PRO) NUMBER _____	
		DECLARED VALUE FOR CARRIAGE \$	
		For FCL:	
		Requested date pulled from Gate/Yard:	
		Planned date returned to Gate/Rail/CY:	
		Notes / Additional Instructions:	
Total Weight		Total Cubic Meters	
# of Pcs	Length	Width	Height
Signed By:		Date:	

NOTE: The shipper or his Authorized Agent hereby authorizes the above named Company, in his name and on behalf, to prepare any export documents, to sign and accept any documents relating to said shipment and forward this 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. The Shipper accepts and agrees to be bound by Cargo Rates International terms and Conditions of service governing all transactions between parties (available upon request)