

SHIPPER'S LETTER OF INSTRUCTION

| | | | | | | | |
|--|---------------------------|---------------------------------------|------------------------------------|---|--|--|--|
| 1a. USPPI (Name and address including ZIP Code) | | | | 2. FREIGHT CHARGES <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT | | W&L International Express, Inc. 399 Wall Street, Suite L Glendale Heights, IL 60139 Tel: 630-980-1800 Fax: 630-980-1888 E-mail: info@wl-intl-express.com | |
| 1b. USPPI EIN (IRS) NO. | | 1c. ZIP CODE | | 3. INCOTERMS 2000 <input type="checkbox"/> EXW <input type="checkbox"/> CIP <input type="checkbox"/> FCA <input type="checkbox"/> DAF <input type="checkbox"/> FAS <input type="checkbox"/> DES <input type="checkbox"/> FOB <input type="checkbox"/> DEQ <input type="checkbox"/> CFR <input type="checkbox"/> DDU <input type="checkbox"/> CIF <input type="checkbox"/> DDP <input type="checkbox"/> CPT | | | |
| 1d. PARTIES TO TRANSACTION <input type="checkbox"/> RELATED <input type="checkbox"/> NON-RELATED | | | | NAMED PLACE/PORT: | | | |
| 4a. ULTIMATE CONSIGNEE | | | | 5. DECLARED VALUE FOR CARRIAGE | | | |
| 4b. INTERMEDIATE CONSIGNEE | | | | 6. ROUTED EXPORT TRANSACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES | | 7. SHIPPER REQUESTS INSURANCE <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> CIF PLUS 10% <input type="checkbox"/> OTHER AMOUNT: | |
| 12. FORWARDING AGENT W&L International Express, Inc. | | | | 8. POINT (STATE) OF ORIGIN | | 9. COUNTRY OF ULTIMATE DESTINATION | |
| 13. SCHEDULE B DESCRIPTION OF COMMODITIES | | | | 10. TYPE OF SERVICE <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> OTHER (specify): | | 11. SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT <input type="checkbox"/> AS CONSIGNED <input type="checkbox"/> RETURN TO SHIPPER <input type="checkbox"/> ABANDON | |
| 14. MARKS, NOS., AND KINDS OF PACKAGES | | | | 15. VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold) | | 20. SHIPPER'S REF. NO. | |
| D/F (15) | SCHEDULE B NUMBER (16) | QUANTITY - SCHEDULE B UNIT(S) (17) | SHIPPING WEIGHT (Kilos) (18) | (Use column 14-18) | | 21. CONSIGNEE'S REF. NO. | |
| AGENCY JURISDICTION AND AUTHORIZATION TO EXPORT | | | | 22. DOCUMENTS ATTACHED / PREPARE | | 26. SHPMT INCLUDES HAZARDOUS MATERIAL <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| <input type="checkbox"/> 23a. BIS/EAR 23b. ECCN: | | 23c. LICENSE/AUTHORIZATION: | | <input type="checkbox"/> COMMERCIAL INVOICE <input type="checkbox"/> | | <input type="checkbox"/> PROFORMA INVOICE <input type="checkbox"/> | |
| <input type="checkbox"/> 24a. DDTC/ITAR 24b. USML CATEGORY # | | 24c. LICENSE/AUTHORIZATION: | | <input type="checkbox"/> CONSULAR INVOICE <input type="checkbox"/> | | <input type="checkbox"/> EXPORT LICENSE <input type="checkbox"/> | |
| <input type="checkbox"/> 25a. OTHER: | | 25b. LICENSE/AUTHORIZATION: | | <input type="checkbox"/> PACKING LIST <input type="checkbox"/> | | <input type="checkbox"/> CERTIFICATE OF ORIGIN <input type="checkbox"/> | |
| 27. Duly authorized officer or employee signature | | | | 28. SPECIAL INSTRUCTIONS (Include Hazmat information if applicable): | | <input type="checkbox"/> INSURANCE CERTIFICATE <input type="checkbox"/> | |
| The USPPI authorizes the forwarder named above to act as forwarding agent for export control and customs purposes. | | | | | | <input type="checkbox"/> LETTER OF CREDIT <input type="checkbox"/> | |
| I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the "Correct Way to Fill Out the Shipper's Letter of Instructions." I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410). | | | | | | <input type="checkbox"/> BANK SIGHT DRAFT <input type="checkbox"/> | |
| 29a. Signature | | | | 31. WE HAVE FORWARDED TO YOU, THE SHIPMENT DESCRIBED ABOVE VIA: | | <input type="checkbox"/> OTHER (specify below): <input type="checkbox"/> | |
| 29b. Name (please type or print) | | | | Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement. | | <input type="checkbox"/> YOUR TRUCK <input type="checkbox"/> OTHER CARRIER | |
| 29c. Title | | | | 30. Date | | CARRIER NAME: | |
| | | | | | | DRIVER SIGNATURE: | |
| | | | | | | DATE: | |
| | | | | | | TIME: | |