SHIPPER (Name & Address) ZIP CODE:					INLAND CARRIER							
				-								
					SHIP DA	IE			PRON	NO		
EXPORTER EIN (IRS) NO. PARTIES TO TRANSACTION Related Non-Related			ł									
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							
SHIPPER'S REF NO. DATE					CONSOLIDATE DIRECT							
SCHEDULE B DESCRIPTION OF COMMODITIES												
D/F	MARKS NOS AN		D OF PKGS			TITY	SHIPPING	SHIPPING		CUBIC	VALUE	
D/F	MARKS, NOS. AND KIND OF PKGS SCHEDULE B NUMBER				SCHEDULE B UNIT(S)		WEIGHT (KGS)	WEIGHT (LBS)		METERS	(CURRENCY)	
						(-)	(	(	-,			
								_				
VALIDATED LICENSE NO / GENERAL LICENSE SYMBOL ECCN				ECCN	(When Required)			SHIPP	SHIPPER MUST CHECK			
DULY AUTHORIZED OFFICER OF EMPLOYEE					the form	amad abova	PREPAID or COLLECT					
to act as forwarding a					s the forwarder named above agent for export control and ns purposes.				C.O.D. AMOUNT:			
SPECIAL INSTRUCTIONS						YES, PREPARE BOL AND FORWARD FOR BANKING						
SHIPPER INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMEN					NT SHIPPER REQUESTS INSURANCE							
ABANDON RETURN TO SHIPPER								& AMT				
DELIVER TO												
NOTE The S	hipper or the Authorized Agent	hereby author	rizes the above n	amed Co	ompanv. i	n the na	ame and on h	is behalf	to prer	pare anv exp	ort 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 shi									ust the shipment.			
GBM S	311											