Shipper’s Letter of Instruction

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| **1a. EXPORTER (Name and address including ZIP code)** | | | | | | | | | | PLEASE BE SURE TO  COMPLETE ALL SHADED AREAS. | | | | |
|  | | | | | | **ZIP CODE** | | | | A picture containing text, clipart  Description automatically generated | | | | |
| b. EXPORTER`S EIN (IRS) NO. | | | | **c. PARTIES TO MTRANSACTION**  **Related x Non-related** | | | | | |
| 4a. ULTIMATE CONSIGNEE | | | | | | | | | |
| b. INTERMEDIATE CONSIGNEE | | | | | | | | | |
| 5. FORWARDING AGENT  Oasis Logistics  2332 E. Pacifica Place  Rancho Dominguez, CA 90220 | | | | | | | | | |
| 6. POINT (STATE) OF ORIGIN OR FTZ NO | | 7. COUNTRY OF ULTIMATE DESTINATION | | |
| 8. LOADING PIER (Vessel only) | | | | 9. MODE of TRANSPORT (Specify) | | | | | | Exporter – please advise:  PREPAID X COLLECT C.O.D. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AIR OCEAN CONSOLIDATE DIRECT  SHIPPER`S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT  AS ASSIGNET ABANDON RETURN TO SHIPPER  DELIVER TO | | | | |
| 10. EXPORTING CARRIER | | | | 11. PORT OF EXPORT | | | | | |
| 12. PORT OF UNLOADING (Vessel  and air only) | | | | 13. CONTAINERIZED (Vessel only)  Yes No | | | | | |
| Shipper Requests  Insurance (CIF or CIP) | | No Yes $ | | | | | | | |
| 14. SCHEDULE B DESCRIPTION OF COMMODITIES  - - - - - - - - - - - - - - - - - - - - - - - - - - - -- - - - - - -  15. MARKS, NOS., AND KINDS OF PACKAGES | | | | | | | ⮚ | (Use columns 17-19) | | | SHIPPER´S REF. NO. | | DATE | VALUE  (U.S. dollars, omit cents)  (Selling price or cost if not sold)  (20) |
| D/F  (16) | SCHEDULE B or HTSUS NUMBER  (17) | | | | CHECK  DIGIT | | QUANTITY –  Schedule B Unit (s)  (18) | | | SHIPPING WEIGHT (kg)  (19) |
|  |  | | | |  | |  | | |  |
| SHIPPERS NOTE:  Please contact us if you are uncertain about your Schedule B or HTSUS Number. We will assist you in selecting a classification for the Electronic Export Inforamtion. | | |  |
| WE HAVE FORWARDED TO YOU, THE SHIPMENT DESCRIBED BE-LOW VIA:  YOUR TRUCK, OR  OTHER CARRIER  (LISTED BELOW)  TRUCK LINE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RECEIPT (PRO) NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| DECLARED VALUE FOR  CARRIAGE  $ | | |
| 21. VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL | | | | | | | | | 22. ECCN (When required) | | If you are the authorized party per the Foreign Trade Regulations, please sign under BOX 24. | | | |
| 23. Duly authorized officer or employee | | | The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes. | | | | | | | DOCUMENTS ENCLOSED: | | | | |
| 1. 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 EXPORT DECLARATION:“ I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, falling 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). | | | | | | | | | |
| SIGNATURE  Sign only if you selected the forwarder and a master Power of Attorney has not been issued. | | | CONFIDENTIAL – For use solely for official puposes authorized by the Secre-tary of Commerce (13 U.S.C. 301 (g)). | | | | | | | SPECIAL INSTRUCTIONS:  Value listed is reportable amount for the Electronic Export Information (EEI) in the Automated Export System.  Please notify \_\_\_\_\_\_\_\_\_\_\_\_\_ if there are any problems with this shipment.  Phone: Fax: E-Mail: | | | | |
| TITLE | | | Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement. | | | | | | |
| DATE | | | 25. AUTHENTICATION (When required) | | | | | | |

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.