



Los Angeles

1511 Glenn Curtiss St.
 Carson, CA 90746
 TEL: 310-604-5840
 FAX: 310-604-8551

Honolulu

808 Mapunapuna St.
 Honolulu, HI 96819
 TEL: 808-834-7154
 FAX: 808-839-0847

San Francisco

2964 Alvarado St. Unit K
 San Leandro, CA 94577
 TEL: 510-346-0702
 FAX: 510-346-0706

SHIPPER:
 Name: _____
 Address: _____

 Contact: _____
 Tel: _____
 Fax: _____
 Tax ID/EIN#: _____

CONSIGNEE:
 Name: _____
 Address: _____

 Contact: _____
 Tel / Fax: _____
 REQUEST ROUTING _____
 OCEAN
 AIR

SHIPPER'S LETTER OF INSTRUCTION

You are hereby requested and authorized upon receipt of the consignment described herein to prepare and sign the Air Waybill and other necessary documents on our behalf and dispatch the consignment in accordance with your Conditions of Contract.

**** By signing this form I hereby consent to search of all cargo ****

Marks & No.s	No. & Kind of Pkgs.	Description of Goods	Gross Weight (lbs)	Msmnt. (CuFt.)
		Ready: Close:		
SHIPPING CHARGES	ORIGIN CHARGES			

<input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	(i.e. trucking, pkging.) <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT
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Insurance - Amount Requested:

Shipper's C.O.D. / NOT RESPONSIBLE IF NOT COMPLETED:

DECLARED VALUE

Carriage: _____ **Customs:** _____

DESTINATION HANDLING

DELIVERY WILL CALL

Third Party Bill To: _____

Issue "As Agreed" HBL

HANDLING INFORMATION

PLEASE PICK UP WILL DROP OFF

Address: _____

Ctc/Ph: _____

Remarks: _____

PO / JOB#: _____

INVOICE #: _____

Date and Signature of Shipper:

PRINT NAME

SIGNATURE

DATE