



**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**

1055 Montague Avenue  
 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	(l.e. trucking, pkging.) <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT
--	--

**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