



Shipper's Letter of Instruction

Shipper's Name: _____
 Local Address: _____
 City, State, Zip: _____
 Telephone: _____ Fax: _____

Pickup Address (if other than Shipper): _____

Please check desired mode of transport:

Air Freight

Ocean Freight

Truck Freight

Consignee Name: _____
 Address: _____
 City, Country: _____
 Postal Code: _____ Phone: _____ Fax: _____

Please check desired level of service:

2-3 Day

4-5 Day

5-7 Day

Deferred Service

Shipping Charges: Pre-Paid Collect Other

Description of Cargo _____
 Total Weight _____ Pieces _____
 Dims _____
 Comments _____

Insurance Information	Invoice Value \$ _____
_____ Cost & Freight + 10%	*Carrier liability limited
_____ Insurance Declined	to US \$500.00 per shipment

Advisement: Carrier liability is limited to a maximum of US \$500.00 per customer freight unit in the event of damage during overseas transport. Additional marine Cargo Insurance is strongly recommended by Premier Logistics, Inc. If insurance is not elected shipper and or consignee is to file claim directly with the carrier per the terms and conditions of the Bill of Lading. Premier Logistics will assist wherever possible, however, claimant is ultimately responsible for the claim process, Departure and Arrival times are only estimates, and are not to be guaranteed.

The undersigned hereby authorizes Premier Logistics, Inc. to act as forwarding agent for export Control and U.S. Customs purposes, and understand the above advisement. The Shipper or his Authorized Agent hereby authorizes Premier Logistics, Inc. 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 employed. The Shipper guarantees payment of all collect charges in the event the consignee refuses payment.

Name: _____ Passport/SSN
 or Fed ID Tax #: _____

Signature: _____ Date: _____