


SHIPPER'S LETTER OF INSTRUCTIONS (SLI)

1. USPPI Name:		3. Freight Location Company Name:		 <p>clearfreight Customer forward.</p>			
2. USPPI Address Including Zip Code:		4. Freight Location Address (if not box #2):					
6. USPPI EIN (IRS) No:		7. Related Party Indicator (select one):				<input type="checkbox"/> Related	<input type="checkbox"/> Non-Related
8. USPPI Reference#:		9. Routed Export Transaction (select one):				<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Ultimate Consignee Name & Address:		11. Ultimate Consignee Type (select one):		12. Intermediate Consignee Name & Address:			
		<input type="checkbox"/> Direct Consumer					
		<input type="checkbox"/> Government Entity					
		<input type="checkbox"/> Reseller					
		<input type="checkbox"/> Other/Unknown					
13. State of Origin:				16. In-Bond Code:			
14. Country of Ultimate Destination:				17. Entry Number:			
15. Hazardous Material:		<input type="checkbox"/> Yes <input type="checkbox"/> No		18. FTZ Identifier:			
19. TIB / Carnet?				<input type="checkbox"/> Yes			
20. Yes				<input type="checkbox"/> No			
SPECIAL INSTRUCTIONS			SHIPPER MUST CHECK				
			<input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT COD \$ <input style="width: 100px;" type="text"/>				
			<input type="checkbox"/> CONSOL <input type="checkbox"/> DIRECT <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN				
SHIPPER REQUEST INSURANCE			IN CASE OF INABILITY TO DELIVER CONSIGNMENT AS ASSIGNED				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> VALUE \$ <input style="width: 50px;" type="text"/>			<input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER				
DOCUMENTS ENCLOSED			DELIVER TO:				
Reference TSA cargo security requirements, the authorized shipper signature on this form provides consent that shipper's cargo can be screened and/or inspected by Clearfreight, authorized representative, and/or air carrier, per TSA rules and regulations							
20. Domestic or Foreign (D/F)	21. Schedule B / HTS Number and Commercial Commodity Description <small>For Vehicles: VIN/Year, Make, Model and Vehicle Title Number are required</small>	22. Quantity in Schedule B / HTS Units	23. DDTC Quantity and DDTC Unit of Measure	24. Shipping Weight (in Kilos)	25. ECCN, EAR99 or USML Category No.		
26. S M E (Y/N)	27. Export License No., License Exception Symbol, DDTC Exemption No., DDTC ACM No. or NLR		28. Value at the Port of Export (US Dollars)		29. License Value by item (if applicable) (US Dollars)		
30. DDTC Applicant Registration Number:			31. Eligible Party Certification:				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
32 <input type="checkbox"/> Check here if there are any remaining non-licensable Schedule B / HTS Numbers that are valued \$2500.00 or less and that do not otherwise require AES filing.							
33 <input type="checkbox"/> Check here if the USPPI authorizes the above named forwarder to act as its true and lawful agent for purposes of preparing and filing the Electronic Export Information ("EEI") in accordance with the laws and regulations of the United States.							
34. I certify that the statements made and all information contained herein are true and correct. I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false and fraudulent statements herein., failing 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).							
Confidential for use solely for official purposes authorized by the secretary of commerce (13 u.s.c. 301 (g)). Export Shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement.			Note: The Shipper or his authorized Agent hereby authorizes the above named Company, in his name and on his 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 employees. 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. All cargo tendered for transport is subject to inspection.				
35. USPPI E-mail Address:			36. USPPI Telephone No.:				
37. Printed Name of Duly authorized officer or employee:							
38. Signature:			39. Title:		40. Date:		
41. <input type="checkbox"/> Check here to validate Electronic Signature. Electronic signatures must be typed in all capital letters in Box 38 in order to be valid.							