



Shippers Letter of Instructions

Booking # _____

Air Ocean

Shipper _____ _____ _____ EIN# _____ Email _____ Phone _____ Fax# _____	Consignee _____ _____ _____ Country _____ Email _____ Phone _____ Fax# _____
------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------

Number of Pieces Shipped _____ Weight in lbs. _____ VALUE _____

Insurance (optional)

YES NO

VALUE _____

Charges Payment

Freight COLLECT (shipping charges collect at destination)

Freight PREPAID (shipping charges paid at origin by shipper)

COD amount (payment for merchandise collected at destination)\$ _____

Dimensions/Description: