

## SHIPPERS LETTER OF INSTRUCTION

SHIPPER (COMPLETE ADDRESS & TELEPHONE NUMBER)



9950 N.W. 17<sup>th</sup> St  
Miami, FL 33172  
Tel: 305-592-1150  
Fax: 305-592-2336

**(REQUIRED)**

CONSIGNEE

NOTIFY PARTY

:

**(REQUIRED)**

INSTRUCTIONS

YOUR REFERENCE

PLACE OF RECEIPT

PORT OF LOADING  
PORT EVERGLADES

FINAL DESTINATION

VESSEL VOY

TIN #

PORT OF DISCHARGE

FREIGHT PAYABLE AT

VALUE FOR CUSTOMS

### DETAILS AS DECLARED BY SHIPPER

Marks and Numbers	No. of Pkgs. / Dimensions	Description of Goods	Gross Weight	Cubic Measure
<b>(REQUIRED)</b>	<b>(REQUIRED)</b>	<b>(EXACT DESCRIPTION ONLY)</b>		

\*\*\*\*\*  
\*\* Signature Below Required \*\*  
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SPECIAL HANDLING INSTRUCTIONS:

<b>Hazardous Cargo</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TOTAL FOB VALUE A\$	
<b>IMO Included</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>CHECK WHERE APPLICABLE</b>	<b>PREPAID</b>	<b>COLLECT</b>	Signatory's Company/Person	
<b>FREIGHT</b>	<input type="checkbox"/>	<input type="checkbox"/>	X Delivered by Shipper by signing - "I/We consent to search, screen or inspect by Transportation Security Administration requirements"	
<b>PICK UP</b>	<input type="checkbox"/>	<input type="checkbox"/>	Name of Authorized Signatory	
Signature:				Place and Date of Issue
				at

**ALL FIELDS MARKED REQUIRED MUST BE FILLED OUT WITH THE CORRECT INFORMATION  
FAILURE TO FOLLOW THIS PROCEDURE WILL RESULT IN CARGO NOT BEING RECEIVED/LOADED/SHIPPED**



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**PORT OF DISCHARGE**

NAME:	DATE:	TIME:	DOCK RECEIPT #
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NUMBER OF PIECES	PACKAGING TYPE	DIMENSIONS	LOCATION	WEIGHT

**CARGO NOTES:**

**NUMBER OF LABELS NEEDED:**

- PACKAGING TYPES:**
- BX-BOX
  - BR-BARREL
  - DR-DRUM
  - PA-PALLET
  - PL-PAIL
  - VH-VEHICLE
  - BN-BUNDEL
  - CR-CRATE
  - RL-ROLL
  - PC-PIECE
  - TK-TANK

**ALL FIELDS *MUST* BE FILLED OUT TO THE BEST OF THE DELIVERY PERSON'S KNOWLEDGE**  
**FAILURE TO FOLLOW THIS PROCEDURE WILL RESULT IN CARGO NOT BEING RECEIVED BY SEAPACK WAREHOUSE**