

# Shipper's Letter of Instruction

1a. EXPORTER (Name and address including ZIP code)				<b>PLEASE BE SURE TO COMPLETE ALL SHADED AREAS.</b>		
			ZIP CODE			
b. EXPORTER'S EIN (IRS) NO.		c. PARTIES TO MTRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related				
4a. ULTIMATE CONSIGNEE						
b. INTERMEDIATE CONSIGNEE						
5. FORWARDING AGENT Mexpress Transportation Inc 21515 Soledad Canyon Rd, Suite 118 Santa Clarita, CA 91351 Phone # 661.298.5200				6. POINT (STATE) OF ORIGIN OR FTZ N <sup>o</sup>		7. COUNTRY OF ULTIMATE DESTINATION
8. LOADING PIER (Vessel only)		9. MODE of TRANSPORT (Specify)		<b>Exporter – please advise:</b>		
10. EXPORTING CARRIER		11. PORT OF EXPORT		<input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> C.O.D. \$ _____ <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> CONSOLIDATE <input type="checkbox"/> DIRECT SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT <input type="checkbox"/> AS ASSIGNET <input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER <input type="checkbox"/> DELIVER TO		
12. PORT OF UNLOADING (Vessel and air only)		13. CONTAINERIZED (Vessel only) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Shipper Requests Insurance (CIF or CIP) <input type="checkbox"/> No <input type="checkbox"/> Yes \$						
14. SCHEDULE B DESCRIPTION OF COMMODITIES -----> (Use columns 17-19)					SHIPPER'S REF. N <sup>o</sup> .	DATE
15. MARKS, NOS., AND KINDS OF PACKAGES					VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold)  (20)	SHIPPERS NOTE: Please contact us if you are uncertain about your Schedule B or HTSUS Number. We will assist you in selecting a classification for the Electronic Export Inforamtion.
D/F (16)	SCHEDULE B or HTSUS NUMBER (17)	CHECK DIGIT	QUANTITY - Schedule B Unit (s) (18)	SHIPPING WEIGHT (kg) (19)		
21. VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL			22. ECCN (When required)		<b>If you are the authorized party per the Foreign Trade Regulations, please sign under BOX 24.</b>	
23. Duly authorized officer or employee		The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.			DOCUMENTS ENCLOSED:	
24. I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the „CORRECT WAY TO FILL OUT THE SHIPPER'S EXPORT DECLARATION:“ I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, falling 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).				SPECIAL INSTRUCTIONS: Value listed is reportable amount for the Electronic Export Information (EEI) in the Automated Export System. Please notify _____ if there are any problems with this shipment. Phone: Fax: E-Mail:		
SIGNATURE		CONFIDENTIAL - For use solely for official puposes authorized by the Secretary of Commerce (13 U.S.C. 301 (g)).				
TITLE		Export shipments are subject to inspection/screened by U.S. Customs Service and/or Office of Export Enforcement. Your signature on this form is your consent.				
DATE		25. AUTHENTICATION (When required)				