

SHIPPER'S LETTER OF INSTRUCTION

THANK YOU FOR SHIPPING VIA



1a. U.S. PRINCIPAL PARTY IN INTEREST (USPPI) (Complete name and address) (SHIPPER)

ZIP CODE _____

SHIPPER ACCOUNT NO. _____

9. DATE _____ ORIGIN _____

WAYBILL NUMBER _____

1b. USPPI EIN (IRS) NO. (TAX I.D.) _____

1c. PARTIES TO TRANSACTION
 Related Non_related

2. ULTIMATE CONSIGNEE (Complete name and address)

FORWARDING AGENT (Complete name and address)

On receipt of the shipment described below, Express Air Freight Unltd. Inc. / Skyline Freight Inc. is requested and authorized to act as agent for the shipper, prepare and issue carrier's air waybill, sign such air waybill in the name of the undersigned, consign such shipment for carriage to destination or for onward carriage and delivery by any other transportation organization in accordance with the terms and conditions contained in carrier's air waybill, tariffs, rules and regulations, and Express Air Freight Unltd. Inc. / Skyline Freight Inc.'s provisions thereof limiting liability to the shipper's "declared value for carriage", and to prepare and execute in shippers name any documents required for export.



SKYLINE FREIGHT INC.
OCEAN DIVISION OF EXPRESS AIR FREIGHT
CORPORATE HEADQUARTERS
147-20 184TH STREET
JAMAICA, NEW YORK 11413-4043
Toll Free Tel: 1 800 4 SKYLINE (800-475-9546)
Toll Free Fax: 1 888 4 SKYLINE (888-475-9546)

FORM OF PAYMENT (If no form of Payment is indicated, the Shipper shall be liable for charges)

3. COUNTRY OF ULTIMATE DESTINATION _____

4. HAZARDOUS MATERIALS IF YES, U.S. LAW REQUIRES THE SHIPPER TO PREPARE AND SIGN THE RESTRICTED ARTICLES STATEMENT.
 YES NO

6. SHIPMENT REFERENCE NO. _____

7. ROUTED EXPORT TRANSACTION
 YES NO

PREPAID COLLECT CASH ON PICK UP

FREE DOMICILE OTHER _____

CREDIT CARD # _____ / EXP. DATE _____

4A. DOES THIS SHIPMENT CONTAIN
 YES NO Shipment Does **NOT** Contain Lithium Batteries

5. MODE OF TRANSPORTATION
 AIR OCEAN C.O.D. AMT. \$ _____

8. SHIPPER REQUESTS INSURANCE
 YES - AMOUNT \$ _____ NO

INSURANCE: FOR AN ADDITIONAL CHARGE, THE SHIPPER MAY PURCHASE INSURANCE ON THE GOODS COVERED BY THIS DOCUMENT BY WRITING SUCH VALUE IN THE "INSURANCE AMOUNT" BOX

I AUTHORIZE THE ABOVE CREDIT CARD TO BE DEBITED FOR THIS TRANSACTION

10. SCHEDULE B DESCRIPTION OF COMMODITIES									
PCS	D / F OR M	SCHEDULE B NUMBER (Commodity)	QUANTITY - SCHEDULE B UNIT (S)	SHIPPING WEIGHT (Kilograms)	PCS	L	W	H	VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold)
PCS				WEIGHT					

DOCUMENTS INCLUDED

COMMERCIAL INVOICE
 CERTIFICATE OF ORIGIN
 PACKING LIST LETTER OF CREDIT
 BANKING SIGHT DRAFT R.A. STATEMENT
 EXPORT LICENCE IMPORT LICENCE

DOCUMENTS TO BE PREPARED

PRO FORMA INVOICE EXPORT LICENCE
 CONSULAR INVOICE INSURANCE CERTIFICATE
 CERTIFICATE OF ORIGIN BANKING (Sight Draft)
 OTHER: _____

By signing the below, you hereby authorize Express Air Freight Unltd. Inc. / Skyline Freight Inc. to act as power of attorney in all capacities as export forwarding agent.

By signing below we hereby authorize Express Air Freight Unltd. Inc. / Skyline Freight Inc. consent to screen / search and inspect all cargo tendered under this shippers letter of instruction. In addition we hold Express Air Freight Unltd. Inc. / Skyline Freight Inc. blameless for loss, damage or delay due to opening any cargo, resulting physical inspection, repackaging or any impact on transit time associated with this screening. We understand that Express Air Freight Unltd. Inc. / Skyline Freight Inc. is prohibited by law to tender cargo on any aircraft without this consent.

11. These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations.
 Ultimate destination => _____ <= Diversion contrary to U.S. law prohibited.

12. LICENSE NO. / LICENSE EXCEPTION SYMBOL / AUTHORIZATION _____

13. ECCN (When required) _____

14. Print Name of Duly authorized officer or employee _____

The USPPI authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.

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 Shippers Letter of Instruction. I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or 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).

15. Signature _____

Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement & Express Air Freight Unltd. Inc. / Skyline Freight Inc.

QUOTED RATE: \$ _____ **PER KILO / LB.**

AES EEI INFORMATION
 Shipper (USPPI) Filed AES YES NO
 If Yes Insert AES ITN # _____

16. Title _____ **17. Date** _____

18. Telephone No. (Include Area Code) _____

19. AUTHENTICATION (When required) _____

20. E-mail address _____

GOODS RECEIVED IN APPARENT GOOD ORDER AT:

SHIPPER DOOR AIRPORT TERM CARRIER ADVANCE EXPRESS AIR FREIGHT TERMINAL

TIME _____ DATE _____ NO. OF PCS _____ RECEIVED BY _____

By signing the above, you hereby authorize Express Air Freight Unltd. Inc. / Skyline Freight Inc. to act as power of attorney in all capacities as export forwarding agent.

EXPRESS AIR FREIGHT UNLTD. INC. / SKYLINE FREIGHT INC. LIABILITY FOR LOSS OR DAMAGE IS LIMITED TO \$9.07 PER POUND PER PRICE. IN NO EVENT WILL EXPRESS AIR FREIGHT UNLTD. INC. / SKYLINE FREIGHT INC. LIABILITY EXCEED \$5,000. MEXICO: EXPRESS AIR FREIGHT UNLTD. INC. / SKYLINE FREIGHT INC. LIABILITY IN CONNECTION WITH SURFACE MOVEMENT OF SHIPMENTS TO / FROM MEXICO IS LIMITED TO U.S. \$0.50 PER LB FOR LESS THAN TRUCKLOAD OR U.S. \$0.27 PER TON FOR FULL TRUCKLOAD. THESE LIMITS OF LIABILITY REPLACE AND ARE IN LIEU OF THE LIMITS STIPULATED UNDER THE WARSAW CONVENTION. THE SHIPPER GUARANTEES PAYMENT OF ALL COLLECT CHARGES IN THE EVENT THE CONSIGNEE REFUSES PAYMENT. THE SOLE RESPONSIBILITY OF EXPRESS AIR FREIGHT UNLTD. INC. / SKYLINE FREIGHT INC. IS TO USE REASONABLE CARE IN THE SELECTION OF CARRIERS, FORWARDERS, AGENTS AND OTHERS TO WHOM IT MAY ENTRUST THE SHIPMENT.

PLEASE READ THE TERMS, CONDITIONS AND LIMITATIONS OF LIABILITY ON PAGE 3 OF THIS FORM

**Printed without Terms & Conditions