

BY: <input type="checkbox"/> AIR <input type="checkbox"/> SEA	<input type="checkbox"/> CONSOL <input type="checkbox"/> DIRECT <input type="checkbox"/> EXPRESS	FREIGHT <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	PICKUP AND PORT TRANSFER <input type="checkbox"/> <input type="checkbox"/>	FROM <input type="checkbox"/> DOOR <input type="checkbox"/> PORT PORT _____	TO <input type="checkbox"/>	INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CIF + 10% <input type="checkbox"/> \$	DEADLINE DATE & TIME (At Destination)	SHIPPER'S LETTER OF INSTRUCTIONS INTERNATIONAL SHIPMENTS
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SHIPPER	TELEPHONE	FAX	AS PER ATTACHED-INVOICE/PACKING LIST/LETTER OF CREDIT		NO
	NAME	EMAIL	CONTACT	TELEPHONE	
	COMPANY NAME & ADDRESS		COMPANY NAME & ADDRESS		
	EIN/SSN	REF/PO# FOR BILLING	FAX NO	EMAIL	

TOTAL PCS	TOTAL WEIGHT	<input type="checkbox"/> LBS	DIM WEIGHT	PICK UP DATE	READY	<input type="checkbox"/> NOW	CLOSE AT	<input type="checkbox"/> LIFT GATE REQ'D	<input type="checkbox"/> CALL BEFORE P/U
		<input type="checkbox"/> KG							

DESCRIPTION	VALUE FOR CUSTOMS \$ _____	DOCUMENTS AND INSTRUCTIONS			
<input type="checkbox"/> AS PER ATTACHED INVOICE <input type="checkbox"/> LETTER OF CREDIT <input type="checkbox"/> TEMPORARY IMPORT/EXPORT	ORIGIN OF GOODS USA	<input type="checkbox"/> ATTACHED <input type="checkbox"/> INSURANCE <input type="checkbox"/> SHIPPERS EXPORT DECL (SED) <input type="checkbox"/> COMMERCIAL INVOICE/PACKING LIST <input type="checkbox"/> CERT. OF ORIGIN & OTHER DOCUMENTS <input type="checkbox"/> LETTER OF CREDIT/DRAFT <input type="checkbox"/> SPECIAL INSTRUCTIONS	PREPAID <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COLLECT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PREPARE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TELEPHONE	FAX	PICK-UP ADDRESS IF DIFFERENT OR ALSO NOTIFY OR THIRD PARTY BILLING
COMPANY NAME & ADDRESS & CONTACT		

SHIPPER'S AUTHORIZATION: I/WE AGREE THAT SDS GLOBAL LOGISTICS STANDARD TERMS & LIABILITY APPLY TO THIS SHIPMENT. I/WE AUTHORIZE SDS GLOBAL LOGISTICS, INC. TO COMPLETE OTHER DOCUMENTS NECESSARY TO EXPORT THIS SHIPMENT. I/WE AGREE TO PAY ALL CHARGES IF THE RECIPIENT OR THIRD PARTY DOES NOT PAY.

RECEIVER PAYS CUSTOMS, DUTIES & TAXES

SHIPPER'S SIGNATURE _____ DATE _____



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 263 Frelinghuysen • Avenue • Newark, NJ • 07114

PCS	L	x	W	x	H