 **S**hippers **L**etter of **I**nstructions

**When completed, please e-mail to:** [**RATES@ILIworldwide.com**](mailto:RATES@ILIworldwide.com)

FMC license # 4128NF

|  |  |  |  |
| --- | --- | --- | --- |
| ILI Quote Number(s): | Ocean /  Air | Prepaid /  Collect | Hazardous Materials  Yes /  No  If yes, please include HAZ declaration |

|  |  |
| --- | --- |
| **Shipper**  Company Name:  Mailing Address:  Contact Name:  Phone:       Fax:  e-mail:  Employer Identification No. (Fed Tax ID#): | **Consignee**  Company Name:  Mailing Address:  Contact Name:  Phone:       Fax:  e-mail:  Direct Consumer, Gov Entity, Resell/Dealer, Other/Unknown |

Shipment Reference No.:       (Click if notify party is different from Consignee:  & add notes)

|  |  |  |
| --- | --- | --- |
| If different from above  **Ship-from address**: | **Ship-to port** or Delivery Address: | |
|  | | |
| Commodity Description: | |  |
| [Schedule B No](http://www.census.gov/foreign-trade/schedules/b/).: | Export License #: | exp. Date: |

|  |  |
| --- | --- |
| **FCL** | Container type:  Number of containers needed:  Pieces:       Total Weight:      , |

OR

|  |  |
| --- | --- |
| **LCL** | Dimensions for **L**ess than **C**ontainer **L**oad / RO-RO / Breakbulk - only  Length:      , Width:      , Height:      , Weight:       Count: |

|  |  |
| --- | --- |
| Insurance Requested: Yes /  No | Letter of Credit:  YES /  NO. (If yes, L/C #:       ) |
| Comm. Inv. Value of cargo: $       (Including freight cost ) | Legalization: Yes /  No | **Scale for** **VGM**?: Yes /  No |

Certificate of Origin: Yes /  No (\*if yes, you must certify below)

\* I, ( Full Name ), declare and certify that the country of origin of the goods described herein is: Country(s) .

Authorized representative

Courier “ORIGINAL” documents to:  Shipper /  Consignee. **||** Express Release  (e-documents)

Preferred loading schedule, Date:      , Time:       or Requested ETA:

|  |
| --- |
| Additional Documents / Special Instructions: |