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

**When completed, please e-mail to:** **RATES@ILIworldwide.com**

 FMC license # 4128NF

|  |  |  |  |
| --- | --- | --- | --- |
| ILI Quote Number(s):       | [ ]  Ocean / [ ]  Air | [ ]  Prepaid / [ ]  Collect | Hazardous Materials [ ]  Yes / [ ]  NoIf 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 - onlyLength:      , 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:       |