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| EXPEDITOR  *( Nombre y dirrecion incluir codigo postal +telefono)*  SHIPPER *(Name and address including ZIP code)* | | | | | | | | | cid:image005.jpg@01CCBE64.E43E0AA0 | | | | | | | |
| SHIPPER TAX ID NUMBER | | | | | | | | **SHIPPER'S LETTER OF INSTRUCTIONS**  **INTRUCCIONES DE EMBARQUE** | |
| ULTIMATE CONSIGNEE *(Name and address including ZIP code)*  ULTIMO DESTINATARIO ( *Nombre y dirrecion incluir codigo postal+ telefono )* | | | | | | | | |
| **CONSENT TO SEARCH CARGO**  To whom it may concern:  This letter authorizes GJ CARGO CORP to screen all cargo tendered by our company from the date of the notification forward until revoked in writing.  We understand that GJ CARGO CORP must refuse to offer our cargo for transportation by air should we not consent  to have our cargo screened per TSA regulations.  SHIPPER REQUESTS If Shipper has requested insurance as provided for at the left hereof  INSURANCE shipment is insured in the amount indicated (recovery is limited to  Actual loss) in accordance with the provisions as specified in the  Carrier's Tariffs Insurance is payable to Shipper unless payee is  YES $  NO designated in writing by the shipper. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| SHIPPER'S REF. NO./CARGADOR NUMERO DE REFERENCIA | | DATE/ FECHA | | | | | SHIP VIA/ EVNVIAR VIA | | | | | | CONSOLIDATE  DIRECT   EXPRESS | | | |
| **SCHEDULE B DESCRIPTION OF COMMODITIES** | | | | | | | | | | | | | | | | VALUE (U.S. dollars, |
| # of PCS | KIND OF PKGS SCHEDULE B NUMBER | |  | DIMENSION PER  UNIT(S)  DIMENSIONES | | COMMODITY  PRODUCTA | | | | | | SHIPPING WEIGHT (kl)  PESO | | CLASS  CLASE | omit cents)  (Selling price or cost if not sold)  VALOR MONETARIO | |
|  |  | |  |  | |  | | | | | | . | |  |  | |
|  | | | | | ECCN *(When required)* | | | | | | | SHIPPER MUST CHECK  PREPAID OR  COLLECT | | | | |
| **SPECIAL INSTRUCTIONS**  **INSTRUCCIONES ESPECIAL** | | | | | | | | | | | | | | | | |
| **SIGNATURE and DATE :** | | | | | | | | | | | SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT AS CONSIGNED:  ABANDON RETURN TO SHIPPER  DELIVER TO | | | | | |
| NOTE: The shipper or his Authorized Agent hereby authorizes the above named Company in his name and on his behalf, to prepare any export documents, to sign and accept any documents relating to said shipment  and forward this shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The shipper guarantees payment of all collect charges in the event the consignee refuses payment.  Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipment.  Form 15-310 | | | | | | | | | | | | | | | | |