



SHIPPER LETTER OF INSTRUCTION

SHIPPER Name: Address: TEL: Email: Forwarding Agent	CONSIGNEE Name: Address: TEL: Email: Notify Party: Bank:
Port of Load	Port of Destination
Booking / Reference No.	Customer No.
Cargo Information	
Commodity	
Quantity of Packages	Package Type
Weight LBS KGS	Measurement (cubic feet / cubic meters)
Equipment Number(s)	Seal Number(s)
Shipment Type: a.) LCL b.) FCL – Supplier Loaded c.) LCL – Consolidation d.) FCL Consolidation e.) Vehicle\BBK	
If FCL: Select Container Size 20' 40' 45'	
Hazardous Material: a.) Yes b.) No	**Bonded: Yes No
IF yes, provide specifications.	

Billing Information	
Would you like to arrange for an express / automatic release at destination?*	Yes
(If answer is yes, no original Bills of Lading will be issued)	No
If answer is no, detail how you want your three (3) original Bills of Lading distributed. (Shipper / Consignee / Forwarding Agent / Bank / etc.)	
Paid By Agent Charges (if applicable):	
Document Distribution	
Ocean Freight Charges	Bill To Third Party (Information):
a.) Prepaid: Charges will be billed to Shipper	
b.) Collect: Charges will be billed to Consignee	
Insurance by Blue Ocean Transport a.)Yes b.)No	Amount \$ _____
Would you like proof of shipment Bill of Lading?	Yes No
(If answer is yes, provide email or fax number in space at right)	

Consolidation Information	
Are there other shipments to consolidate?*	Yes No
Please show suppliers and approximate quantities.	
Additional Information / Comments	
(U.S. Exports ONLY Below This Line)	
Is this hazardous cargo?	Yes No
Do you want Blue Ocean Transport to prepare and submit the S.E.D.?	Yes No
Is this bonded cargo?	Yes No
Were you previously quoted for this shipment?	Yes No