



Shippers Letter of Instructions

Booking # _____ [] Air [] Ocean

EIN# _____

Shipper _____ Consignee _____

Email _____ Email _____

Fax # _____ Fax # _____

Number of Pieces Shipped _____ Weight in lbs. _____ VALUE _____

Insurance (110% of value of merchandise + freight, in hundreds)

[] YES [] NO VALUE _____

Charges Payment

_____ **Freight COLLECT** (shipping charges collect at destination)

_____ **Freight PREPAID** (shipping charges paid at origin by shipper)

COD amount (payment for merchandise collected at destination)\$ _____

[] **Open by 4-star for inspection** _____ **Agent** _____

Dimensions/Description:

7640 NW 63 Street Miami Florida 33166 / (305) 717-6200 / Fax (305) 477-0790

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