

Shippers Letter of Instruction (SLI) for an FCL Shipment

Shipper (Sender)		Consignee (Receiver)	
Name		Name	
USA SS No		Passport Number	
Address Line 1		Address Line 1	
Address Line 2		Address Line 2	
City		City	
State / County		State / County	
Zip / Post Code		Zip / Post Code	
Country		Country	
Tel hm		Tel hm	
Tel wk		Tel wk	
Fax		Fax	
Email		Email	

Commodity _____	USD Value of Goods \$
Please remember we need an itemized and valued packing/inventory list, For General Merchandise we also require a Commercial Invoice	

Shipping From _____

Shipping To _____

Summary of Charges	
Marine Insurance I require insurance YES _____ NO (Please circle)	
Insurance Policy Type Choose "A" or "B"	
A. "Total Loss" (No Deductible) _____ Initial	
B. "All Risk" with a deductible of \$500 _____ Initial	
Summary of Charges Continued	
Ocean Freight	\$
Insurance Total	\$
Fed EX / DHL Courier Service	\$
Other	\$
Other	\$
Grand Total	\$
I acknowledge these charges do not include destination port charges _____ (Initial)	
Signed :	
Print Name :	
Date _____	

AbleCargo.Com

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"the Business of Shipping"

EXPORT POWER OF ATTORNEY

TO : **UNITED STATES CUSTOMS SERVICE** DATE : _____

SUBJECT : **EXPORTATION OF AN FCL SHIPMENT**

I hereby name and appoint of ABLECARGO.COM to be my representative in fact to act on my behalf to conduct all transactions necessary with the U.S. Customs Service for the proper exportation of the below stated **FCL SHIPMENT** which is described as :

Commodity

And do all things necessary to ensure compliance with all requirements pursuant to section 192 of the Customs regulations.

SIGNATURE OF SHIPPER _____

PRINT SHIPPERS NAME _____

ADDRESS OF SHIPPER : _____

CITY : _____

STATE / ZIP : _____

Acknowledgement of AbleCargo.Com Terms & Conditions

Please note the Full Terms and Conditions are available at www.ablecargo.com

a, (Name _____) on behalf of and authorized by

b, Signature _____ hereby acknowledge that I have read, understand and agreed to the foregoing Terms and Conditions of Service as set forth in this instrument.

c, (Company Name _____) (When a Company or Firm)

d, Title : Shipper

e, Date/...../.....