


# SHIPPER'S LETTER OF INSTRUCTIONS

1a. EXPORTER (Name and address including ZIP code)		<b>SHIPPER: PLEASE BE SURE TO COMPLETE ALL SHADED AREAS.</b>	
		 <b>HAAS INDUSTRIES</b> <b>26554 DANTI COURT</b> <b>HAYWARD, CA 94545</b> <b>TEL: (510) 785 5222 FAX (510) 265 3470</b>	
b. EXPORTER'S EIN (IRS) NO.		c. PARTIES TO MTRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related	
4a. ULTIMATE CONSIGNEE			
b. INTERMEDIATE CONSIGNEE			
5. FORWARDING AGENT			
		6. POINT (STATE) OF ORIGIN OR FTZ N	7. COUNTRY OF ULTIMATE DESTINATION
8. LOADING PIER (Vessel only)		9. MODE of TRANSPORT (Specify)	
10. EXPORTING CARRIER		11. PORT OF EXPORT	
12. PORT OF UNLOADING (Vessel and air only)		13. CONTAINERIZED (Vessel only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SHIPPER REQUESTS INSURANCE</b> <input type="checkbox"/> No <input type="checkbox"/> Yes \$		<b>SHIPPER MUST CHECK</b> <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT C.O.D. \$ _____ <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> CONSOLIDATE <input type="checkbox"/> DIRECT SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT <input type="checkbox"/> AS ASSINET <input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER <input type="checkbox"/> DELIVER TO	
14. SCHEDULE B DESCRIPTION OF COMMODITIES		SHIPPER'S REF. NO.	DATE
15. MARKS, NOS., AND KINDS OF PACKAGES		VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold)	
(Use columns 17-19)			
D/F (16)	SCHEDULE B NUMBER (17)	CHECK DIGIT	QUANTITY - Schedule B Unit (s) (18)
SHIPPERS NOTE: IF YOU ARE UNCERTAIN OF THE SCHEDULE B COM-MODITY NO. DO NOT TYPE IT IN - WE WILL COMPLETE WHEN PROCESSING THE 7525V.  WE HAVE FORWARDED TO YOU, THE SHIPMENT DESCRIBED BELOW VIA: <input type="checkbox"/> YOUR TRUCK, OR <input type="checkbox"/> OTHER CARRIER (LISTED BELOW) TRUCK LINE NAME _____  RECEIPT (PRO) NUMBER _____  DECLARED VALUE FOR CARRIAGE \$ _____			
21. VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL		22. ECCN (When required)	
23. Duly authorized officer or employee		DOCUMENTS ENCLOSED:	
The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.			
24. I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the „CORRECT WAY TO FILL OUT THE SHIPPER'S EXPORT DECLARATION.“ I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, falling to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410).			
SIGNATURE		SPECIAL INSTRUCTIONS:	
TITLE			
DATE		25. AUTHENTICATION (When required)	

**NOTE:** The shipper of his Authorized Agent hereby authorizes the above named Company, in his name and on 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.