


USPPI'S NAME AND ADDRESS			SHIPPER'S LETTER OF INSTRUCTION  Toll-Free (800) 508-4888 Phone: (858) 565-4125 Fax: (858) 565-7623 www.acssan.com email: ops@acssan.com		
USPPI'S EIN NO.	PARTIES TO TRANSACTION	ROUTED EXPORT TRANSACTION NO YES			
ULTIMATE CONSIGNEE					
ULTIMATE CONSIGNEE TYPE (NEW FTR REQUIREMENT!!) DIRECT CONSUMER RESELLER GOVERNMENT ENTITY UNKNOWN/OTHER					
DATE		REQUIRED DELIVERY DATE	DANGEROUS GOODS INCLUDED? NO YES		
MODE OF TRANSPORT		SHIPPER'S REFERENCE	CONSIGNEE'S REFERENCE		
FREIGHT CHARGES PREPAID COLLECT		INCOTERM NAMED POINT	INSURANCE REQUESTED NO YES VALUE:		

SHIPMENT WEIGHT AND DIMENSION INFORMATION
UNITS:

NO. PCS.	WEIGHT	LENGTH	WIDTH	HEIGHT	NO. PCS.	WEIGHT	LENGTH	WIDTH	HEIGHT

EXPORT INFORMATION
Total Pieces
Total Weight

D/F	DESCRIPTION	SCHEDULE B	ECCN	LICENSE /	WEIGHT (KGS)	VALUE

ADDITIONAL INSTRUCTIONS:

<p>I hereby authorize American Cargoservice Inc. to act as authorized agent for export control, U.S. Customs, and Census Bureau purposes to transmit such export information electronically that may be required by law or regulation in connection with the exportation or transportation of any goods on behalf of said U.S. Principal Party in Interest. The U.S. Principal Party in Interest certifies that necessary and proper documentation to accurately transmit the information electronically is and will be provided to the said Authorized Agent. The U.S. Principal Party in Interest further understands that civil and criminal penalties may be imposed for making false or fraudulent statements or for the violation of any U.S. laws or regulations on exportation and agrees to be bound by all statements of said authorized agent based upon information or documentation provided by the U.S. Principal Party in Interest to said authorized agent.</p> <p>I hereby consent to a search and/or inspection of the shipment described herein as required for air transport. American Cargoservice "Terms and Conditions of Contract" will apply to this shipment.</p> <p style="text-align: center;">By checking this box or signing, I agree to these terms</p> <p>_____ Name of USPPI Authorized Individual</p> <p style="text-align: right;">_____ USPPI Authorized Signature</p>