



Worlds Of Service

SHIPPER'S LETTER OF INSTRUCTION

* Fields in blue are required fields

SHIPPER* Name: Address:	CONSIGNEE* Name: Address:
Forwarding Agent	Notify Party: Bank:
Port of Load*	Port of Destination*
Booking / Job No.	Customer Reference No.

Cargo Information

Description of Cargo*	
Number of Packages*	Package Type*
Weight* <input type="radio"/> LB <input type="radio"/> KG	Measurement* <input type="radio"/> CF <input type="radio"/> CM
Equipment Number(s)	Seal Number(s)
Booking Type: <input type="radio"/> Less than Container Load (LCL) <input type="radio"/> Full Container Load (FCL) <input type="radio"/> Breakbulk / Vehicle	
If FCL: Select Container Size <input type="radio"/> 20' <input type="radio"/> 40' Temperature: <input type="radio"/> Celsius <input type="radio"/> Fahrenheit	
**Hazardous Material: <input type="radio"/> Yes <input type="radio"/> No	**Bonded: <input type="radio"/> Yes <input type="radio"/> No
**View Instructions and Informational Materials	

Billing Information

Would you like to arrange for an express / automatic release at destination?*	<input type="radio"/> Yes
(If answer is yes, no original Bills of Lading will be issued)	<input type="radio"/> 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* <input type="radio"/> Prepaid: Charges will be billed to Shipper <input type="radio"/> Collect: Charges will be billed to Consignee	Bill To Third Party (Information):
Insurance by Tropical* <input type="radio"/> Yes <input type="radio"/> No Amount \$ _____	
Would you like proof of shipment Bill of Lading?	<input type="radio"/> Yes <input type="radio"/> No
(If answer is yes, provide email or fax number in space at right)	

Additional Information

Please advise if there are other shipments to consolidate? Please show suppliers and approximate quantities.	<input type="radio"/> Yes <input type="radio"/> No <i>(If answer is yes, provide email or fax number in space below)</i>
Additional Information / Comments (U.S. Exports ONLY Below This Line)	
Is this licensed cargo?	<input type="radio"/> Yes <input type="radio"/> No
Do you want Tropical Shipping to create the Electronic Export Information?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a Letter of Authorization (LOA) form on file with Tropical Shipping?	<input type="radio"/> Yes <input type="radio"/> No