

SHIPPERS LETTER OF INSTRUCTION

SHIPPER:

NAME: _____ TEL: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

EIN # _____

CONSIGNEE:

NAME: _____ TEL: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

NOTIFY PARTY:

NAME: _____ TEL: _____

ADDRESS _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

COMMODITY: _____ VALUE _____

PICKUP ADDRESS: _____

CONTACT PERSON: _____ PHONE # _____

MARINE CARGO INSURANCE: YES OR NO VALUE _____ (USD)

FREIGHT: COLLECT OR PREPAID

PORT OF LOADING: _____ PORT OF DESTINATION: _____

SIGN: _____ DATE _____

**POWER OF ATTORNEY
DESIGNATION OF FORWARDING AGENT**

KNOW ALL MEN BY THESE PRESENTS, THAT _____
(PLEASE PRINT)

HAVING A PLACE OF RESIDENCE OR BUSINESS AT: _____

HEREBY AUTHORIZES SANKO, INC., AND ANY DULY AUTHORIZED EMPLOYEE, FROM THIS DAY TO ACT AS HIS/HER FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES TO MAKE, SIGN, DECLARE, OR SWEAR TO ANY SHIPPERS EXPORT DECLARATION REQUIRED BY LAW OR REGULATION, IN CONNECTION WITH THE EXPORTATION OF ANY COMMODITY SHIPPED BY THE ABOVE. IN WITNESS WHEREOF, THE SAID EXPORTER HAS CAUSED THESE PRESENTS TO BE EXECUTED BY

(EXPORTER)

SIGNATURE

CITY OF _____ STATE OF _____

THIS _____ DAY OF _____ 20 _____

E.I.N.# _____ S.S.# OR PASSPORT# _____