



Shipper's Letter of Instruction (Air Freight)

Shipper - Person or Company Tendering Freight

Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____ County _____

Email _____ Airport of Departure _____

Consignee - Person or Company Tendering Freight

Name _____ Phone () _____
 Address _____ City _____ State _____ Zip _____ County _____

Email _____ Airport of Arrival _____

Freight Service - Shipment will be transported / billed based on "Freight Service" selection.

1. _____ Express Air Service (GCX) 2. _____ Regular Air Service (STD) 3. _____ Small Package Service (SPS)

Payment Informatin - How are you paying fo the freight charges (Check one only)

Check Credit Card Freight Prepaid Freight Collect On Account, Acct#

Declare value of shipment for carrier _____ Declare value of shipment for U.S. Customs: U.S. \$ _____

Would you like to insure the shipment? Yes No Yes, Amount: \$ _____ If denies, initial here _____

Do you have an Air Way Bill Number, or Air Cargo Booking Number? Yes No

List Number: _____

Are you consolidating this shipment with other freight you have already at this location? Yes No

Description of the Freight

Quantity	Description of Items	Measurements (inches)			All weight are in pounds (lbs.)	
		Length	Width	Height	Actual Weight	Volume Weight
TOTAL	0					

Please use the back of this sheet if additional space is needed.

Refrigeration required? Yes No Do you have a commercial invoice? Yes No

Is the freight Hazardous Material? (Example: Paint, Hair Spray, Nail Polish)? Yes No

I/we hereby consent to screening this shipment as per Transporation Security Administration (TSA) requirments Yes No

Special Instrucitons: _____

PLEASE FILL OUT THIS FORM IN ITS ENTIRTY!

Rule 110(H): Shipment, the contents of th which are liable to deteriorate or perish due ot change in the climate, temperature, altitude or other ordinary exposure, or because of length of time in transit, will be accepted without responsibility on the part of carrier for loss or damage due to such deterioration or perishability.

Dimensions are subject to verification of the affiliated airlines.

Signature Required _____ Print Name _____ Date _____
 Phone: (973) 676-8625 Fax: (973) 847-5494 163 Tremont Avenue, East Orange, NJ 07018 Web: <http://www.transcaribe.com>