

SHIPPER: PLEASE BE SURE TO COMPLETE ALL SHADED AREAS.

1. EXPORTER Name: Address: ZIP Code (required):			2. EMERGENCY CONTACT (for problems with this shipment) Name: Phone: Fax: E-Mail:		
3. EXPORTER'S EIN (IRS) NO.			4. PARTIES TO TRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related		
5. ULTIMATE CONSIGNEE Company Name: Contact Name: Address: Phone: Fax: E-mail:					
6. INTERMEDIATE CONSIGNEE					
7. FORWARDING AGENT: RELCO Inc. Freight Forwarding 15247 32nd Ave S, SeaTac, WA 98188 Ph: 206-623-5335 Fx: 206-444-9280					
8. POINT (STATE) OF ORIGIN OR FTZ NO.			9. COUNTRY OF ULTIMATE DESTINATION		
10. PORT OF UNLOADING (Vessel and air only)			11. CONTAINERIZED (Vessel only) <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. SCHEDULE B DESCRIPTION OF COMMODITIES MARKS, NOS., AND KINDS OF PACKAGES Use columns 13 through 18 below					↓ Value listed is reportable amount for SED
13. D/F	14. SCHEDULE B NUMBER	15. CHECK DIGIT	16. QUANTITY Schedule B Unit(s)	17. SHIPPING WEIGHT (kg)	18. VALUE (U.S. dollars, omit cents. Selling price or cost if not sold)
19. VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL			20. ECCN (When required)		
21. PRINTED NAME OF DULY AUTHORIZED OFFICER OR EMPLOYEE				The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.	
22. 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).					
↓ PLEASE SIGN THE FIRST EXPORT DECLARATION IN BOX 23 WITH PEN AND INK.					
23. SIGNATURE				CONFIDENTIAL For use solely for official purposes authorized by the Secretary of Commerce (13 U.S.C. 301 (g)).	
24. TITLE				Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement.	
25. DATE		26. AUTHENTICATION (When required)			

SHIPPER'S LETTER OF INSTRUCTIONS

RELCO Inc.



Freight Forwarding

PHONE: 206-623-5335 FAX: 206-444-9280
15247 32nd Ave S, SeaTac, WA 98188

27. SHIPPER REQUESTS INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
28. SHIPPER MUST CHECK: <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
29. SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT AS ASSIGNED: <input type="checkbox"/> ABANDON <input type="checkbox"/> DELIVER TO: _____ <input type="checkbox"/> RETURN TO SHIPPER _____
30. SHIPPER'S REF. NO. _____ 31. DATE _____
SHIPPER'S NOTE: IF YOU ARE UNCERTAIN OF THE SCHEDULE B COMMODITY NUMBER, DO NOT TYPE IT IN – WE WILL COMPLETE WHEN PROCESSING THE 7525V.
32. WE HAVE FORWARDED TO YOU THE SHIPMENT DESCRIBED BELOW VIA: <input type="checkbox"/> YOUR TRUCK <input type="checkbox"/> OTHER CARRIER (listed below) TRUCK LINE NAME: _____ RECEIPT (PRO) NUMBER: _____ DECLARED VALUE FOR CARRIAGE: \$ _____
33. DOCUMENTS ENCLOSED:
INCOTERMS & SPECIAL INSTRUCTIONS:
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.