

**TRIPLE B FORWARDERS****Los Angeles**1511 Glenn Curtiss St.
Carson, CA 90746
TEL: 310-604-5840
FAX: 310-604-8551**Honolulu**1027-B Kikowaena Place
Honolulu, HI 96819
TEL: 808-834-7154
FAX: 808-839-0847**San Francisco**1055 Montague Avenue
San Leandro, CA 94577
TEL: 510-346-0702
FAX: 510-346-0706

FMC 024043NF

IATA 01-7878

SHIPPER:Name: _____
Address: _____

Contact: _____
Tel: _____
Email: _____
Tax ID/EIN#: _____**CONSIGNEE:**Name: _____
Address: _____

Contact: _____
Tel / Email: _____
REQUEST ROUTING _____☐ OCEAN☐ AIR**SHIPPER'S LETTER OF INSTRUCTION**

You are hereby requested and authorized upon receipt of the consignment described herein to prepare and sign the Air Waybill and other necessary documents on our behalf and dispatch the consignment in accordance with your Conditions of Contract.

**** By signing this form I hereby consent to search of all cargo ****

Marks & No.s	No. & Kind of Pkgs.	Description of Goods	Gross Weight (lbs)	Msmnt. (CuFt.)
		Ready: Close:		

SHIPPING CHARGES

- ☐ PAID AT ORIGIN BY SHIPPER (PREPAID)
☐ PAID AT DESTINATION BY CONSIGNEE (COLLECT)

Insurance - Amount Requested:

Shipper's C.O.D. / NOT RESPONSIBLE IF NOT COMPLETED:

DECLARED VALUE**Carriage:** _____**Customs:** _____**DESTINATION HANDLING**☐ DELIVERY☐ WILL CALL**Third Party Bill To:**☐ Issue "As Agreed" HBL_____

_____**HANDLING INFORMATION**☐ PLEASE PICK UP☐ WILL DROP OFF**Address:** _____

_____**Ctc/Ph:** _____**Remarks:** _____

_____**PO / JOB#:** _____**INVOICE #:** _____**Date and Signature of Shipper:**_____
PRINT NAME_____
SIGNATURE_____
DATE