


SHIPPER'S LETTER OF INSTRUCTIONS

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|--|-------------------------------|--|--|--|--|
| 1a. EXPORTER (Name and address including ZIP code) | | SHIPPER: PLEASE BE SURE TO COMPLETE ALL YELLOW SHADED AREAS. | | | |
| | |  <p style="text-align: center;">1070 Lyons Lane Marion IA 52302 319-373-0340 Office 319-373-0653 Fax</p> | | | |
| | | 6. POINT (STATE) OF ORIGIN 7. COUNTRY OF ULTIMATE DESTINATION | | | |
| b. EXPORTER'S EIN (IRS) NO. | | c. PARTIES TO TRANSACTION | | | |
| | | Related Non-related | | | |
| 4a. ULTIMATE CONSIGNEE | | | | | |
| b. INTERMEDIATE CONSIGNEE | | | | | |
| 5. FORWARDING AGENT | | | | | |
| 8. LOADING PIER (Vessel only) | | 9. MODE of TRANSPORT (Specify) | | | |
| 10. EXPORTING CARRIER | | 11. PORT OF EXPORT | | | |
| 12. PORT OF UNLOADING (Vessel and air only) | | 13. CONTAINERIZED (Vessel only) | | | |
| | | Yes No | | | |
| SHIPPER REQUESTS INSURANCE | | No Yes \$ | | | |
| SHIPPER MUST CHECK | | | | | |
| PREPAID COLLECT THIRD PARTY AIR OCEAN LAND DOOR TO PORT OR AIRPORT DOOR TO DOOR SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT AS ASSIGNET ABANDON RETURN TO SHIPPER DELIVER TO COMMERCIAL (INCOTERMS) OF SALE: | | | | | |
| 14. SCHEDULE B DESCRIPTION OF COMMODITIES | | | | SHIPPER'S REF. NO. | DATE |
| 15. MARKS, NOS., AND KINDS OF PACKAGES | | | | (Use columns 17-19) | |
| D/F (16) | SCHEDULE B NUMBER (17) | CHECK DIGIT | QUANTITY - Schedule B Unit (s) (18) | SHIPPING WEIGHT (kg) (19) | VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold) (20) |
| | | | | | |
| | | | | SHIPPERS NOTE: IF YOU ARE UNCERTAIN OF THE SCHEDULE B COMMODITY NO. DO NOT TYPE IT IN - WE WILL COMPLETE WHEN PROCESSING THE 7525V. | |
| | | | | WE HAVE FORWARDED TO YOU, THE SHIPMENT DESCRIBED BELOW VIA: YOUR TRUCK, OR OTHER CARRIER (LISTED BELOW) TRUCK LINE NAME _____ RECEIPT (PRO) NUMBER _____ | |
| | | | | DECLARED VALUE FOR CARRIAGE \$ _____ | |
| 21. VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL | | | 22. ECCN (When required) | | |
| | | | PLEASE SIGN THE FIRST EXPORT DECLARATION IN BOX 23 WITH PEN AND INK. | | |
| 23. Duly authorized officer or employee | | The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes. | | DOCUMENTS ENCLOSED: | |
| 24. 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). | | | | | |
| SIGNATURE | | CONFIDENTIAL - For use solely for official purposes authorized by the Secretary of Commerce (13 U.S.C. 301 (g)). | | SPECIAL INSTRUCTIONS: | |
| TITLE | | Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement. | | Value listed is reportable amount for SED | |
| DATE | | 25. AUTHENTICATION (When required) | | Please notify _____ if there are any problems with this shipment. Phone: Fax: E-Mail: | |

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.