



11401 N.W. 107th Street · Suite 300 · Miami, FL 33178 · Tel (305) 696-1200 · Fax (305) 691-3786

Shipper's Letter of Instruction

SHIPPER: _____

CONSIGNEE: _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE: _____

COUNTRY: _____

TEL.: _____

TEL.: _____

EMAIL: _____

EMAIL: _____

ALSO NOTIFY: _____

NO. OF PIECES	PACKAGING	ACTUAL WEIGHT	CHARGEABLE WEIGHT	DESCRIPTION OF GOODS

HAZARDOUS: (MARK YES OR NO) YES _____ NO _____

INSURANCE:* (MUST MARK YES OR NO): YES _____ NO _____ VALUE\$ _____

***IMPORTANT: PLEASE ATTACH AN ORIGINAL & 2 COPIES OF COMMERCIAL INVOICE.**

TERMS OF SALE: COLLECT (BILLED TO RECEIVER) _____ PREPAID (BILLED TO SENDER) _____

SUPPLIES PURCHASED: BARREL _____ D. CONT. _____ E. CONT. _____ AMOUNT\$ _____

TRANSPORTATION CHARGES: O/F \$ _____ BL\$ _____ PSS\$ _____ DTHC\$ _____

PICK UP CHARGE: \$ _____ HAZMAT PREP\$ _____

DELIVERY: YES _____ NO _____ DELIVERY CHARGE\$ _____ OTHER\$ _____ TOTAL\$ _____

SPECIAL INSTRUCTIONS: _____

SHIPPER SIGNATURE:

CARIBTRANS RECEIVING:

DATE: _____

DATE: _____

WAREHOUSE RECEIPT #: _____

FOR ACCOUNTING USE ONLY:

CASH\$ _____ CHECK# _____ TOTAL RCVD.\$ _____ SIGNED: _____ DATE: _____

(PLEASE NOTE, PERSONAL CHECKS TAKE 5-7 BUSINESS DAYS TO CLEAR, AND CARGO WILL BE PLACED ON HOLD AT DESTINATION UNTIL PAYMENT IS CLEARED.)

