

## INTERFREIGHT HARMONIZED LOGISTICS INC. SHIPPER'S LETTER OF INSTRUCTIONS (SLI)

1. USPPI Name:		3. Freight Location Company Name:		5. Forwarding Agent: INTERFREIGHT HARMONIZED LOGISTICS INC.	
2. USPPI Address Including Zip Code:		4. Freight Location Address (if not box #2):		221 SHERIDAN BLVD. INWOOD, NEW YORK 11096 PHONE: 1 516 371 0775 mail@interfreight.net	
6. USPPI EIN (IRS) No:		7. Related Party Indicator (select one):	<input type="checkbox"/> Related	<input type="checkbox"/> Non-Related	
8. USPPI Reference#:		9. Routed Export Transaction (select one):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Ultimate Consignee Name & Address:		11. Ultimate Consignee Type (select one):		12. Intermediate Consignee Name & Address:	
		<input type="checkbox"/> Direct Consumer			
		<input type="checkbox"/> Government Entity			
		<input type="checkbox"/> Reseller			
		<input type="checkbox"/> Other/Unknown			
13. State of Origin:		16. In-Bond Code:		19. TIB / Carnet?	
14. Country of Ultimate Destination:		17. Entry Number:		<input type="checkbox"/> Yes	
15. Hazardous Material:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No	
Is shipment Prepaid or Collect:		<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		18. FTZ Identifier:	
Do you Require Insurance:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Ship Via: <input type="checkbox"/> Ocean <input type="checkbox"/> Air	

**THIS SLI IS TO CONFIRM THAT FROM THIS DATE FORWARD, WE AUTHORIZE INTERFREIGHT HARMONIZED LOGISTICS INC. AND/OR SUBSIDIARY R.A.V. SERVICES INC. OR THEIR DESIGNATED AGENT TO SCREEN ALL OUR AIRFREIGHT CARGO. WE ACKNOWLEDGFE RECEIPT OF INTERFREIGHTS TERMS AND CONDITION OF SERVICE GOVERNING ALL TRANSACTIONS BETWEEN THE PARTIES.**

20. Domestic or Foreign (D/F)	21. Schedule B / HTS Number and Commercial Commodity Description <small>For Vehicles: VIN/Year, Make, Model and Vehicle Title Number are required</small>	22. Quantity in Schedule B / HTS Units	23. DDTC Quantity and DDTC Unit of Measure	24. Shipping Weight (in Kilos)	25. ECCN, EAR99 or USML Category No.	26. S M E (Y/ N)	27. Export License No., License Exception Symbol, DDTC Exemption No., DDTC ACM No. or NLR	28. Value at the Port of Export (US Dollars)	29. License Value by item (if applicable) (US Dollars)

30. DDTC Applicant Registration Number:		31. Eligible Party Certification:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. <input type="checkbox"/> Check here if there are any remaining non-licensable Schedule B / HTS Numbers that are valued \$2500.00 or less and that do not otherwise require AES filing.					
33. <input type="checkbox"/> Check here if the USPPI authorizes the above named forwarder to act as its true and lawful agent for purposes of preparing and filing the Electronic Export Information ("EEI") in accordance with the laws and regulations of the United States.					
34. I certify that the statements made and all information contained herein are true and correct. I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false and fraudulent statements herein., failing 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).					
35. USPPI E-mail Address:			36. USPPI Telephone No.:		
37. Printed Name of Duly authorized officer or employee:					
38. Signature:		39. Title:		40. Date:	
41. <input type="checkbox"/> Check here to validate Electronic Signature. Electronic signatures must be typed in all capital letters in Box 38 in order to be valid.					