

SHIPPER'S LETTER OF INSTRUCTIONS (SLI)

1. Exporter Name:		3. Freight Location Company Name:		 AIT <small>WORLDWIDE LOGISTICS</small> AIT Worldwide Logistics, Inc. 2 Pierce Place, Itasca, IL 60143									
2. Exporter Address including Zip Code:		4. Freight Location Address (if different from exporter address in box #2):											
5. State of Origin (if different from state in box #2):		8. Related Party Indicator (select one):		<input type="checkbox"/> Related <input type="checkbox"/> Unrelated									
6. Exporter EIN (IRS):		9. Routed Export Transaction (select one):		<input type="checkbox"/> Yes <input type="checkbox"/> No									
7. Exporter Reference #:		10. Hazardous Material:		<input type="checkbox"/> Yes <input type="checkbox"/> No									
11. Ultimate Consignee Name & Address:				12. Ultimate Consignee Type (select one):		13. Intermediate Consignee Name & Address:							
				<input type="checkbox"/> Direct Consumer									
				<input type="checkbox"/> Government Entity									
				<input type="checkbox"/> Reseller									
				<input type="checkbox"/> Other/Unknown									
14. Country of Ultimate Destination:		15. Carnet?		<input type="checkbox"/> Yes <input type="checkbox"/> No									
16. TIB?		<input type="checkbox"/> Yes <input type="checkbox"/> No		17. Entry Number:									
18. In-Bond Code:		19. FTZ Identifier:											
INSTRUCTIONS TO FORWARDER:													
Cargo Insurance Requested:		<input type="checkbox"/> No <input type="checkbox"/> Yes, please insure this cargo in the amount of: \$.											
Mode of Transport:		<input type="checkbox"/> Air <input type="checkbox"/> Ocean <input type="checkbox"/> Rail <input type="checkbox"/> Truck											
Incoterms© 2020:		<input type="checkbox"/> EXW <input type="checkbox"/> FCA <input type="checkbox"/> FAS <input type="checkbox"/> FOB <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> CPT <input type="checkbox"/> CIP <input type="checkbox"/> DAP <input type="checkbox"/> DPU <input type="checkbox"/> DDP											
Named Place or Port:													
20. Domestic or Foreign Origin	21. Schedule B / HTS Number and Commercial Commodity Description (For Vehicles: VIN/Year, Make, Model and Vehicle Title Number are required)	22. Quantity per Schedule B / HTS Units	23. DDTC Quantity and DDTC Unit of Measure	24. Shipping Weight (kg)	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. By signing or typing my name below, I authorize AIT Worldwide Logistics Inc. 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. In the event that shipment is a Routed Export, USPPI's signature below shall act as confirmation that USPPI previously received authorization from FPPI to file EEI. In addition, except to the extent of a separate written agreement, I hereby agree that all applicable terms and conditions as published at www.aitworldwide.com will apply to this transaction.													
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. Exporter E-mail Address: .				36. Exporter Telephone No.: .									
37. Printed Name of Duly authorized officer or employee: .													
38. Signature: .		39. Title: .		40. Date: .									