

YOUR COMPANY LETTERHEAD

Date:

To/From:

RE: IMPORT BROKERAGE INSTRUCTIONS
YOUR REF#

MASTER BILL OF LADING NUMBER. OR
AIRWAY BILL NUMBER:

ETA:
Arrival Port/City:

NUMBER OF PIECES:

NET WEIGHT:
GROSS WEIGHT:

NAME OF COMMODITY:

COUNTRY OF ORIGIN:

TARIFF (HTS#)

DUTY RATE:
(Please specify if Duty Free)
COUNTRY OR ORIGIN FORM PROVIDED (circle one): Yes No

SHIPMENT VALUE: US\$_____

MANUFACTURER:
Name and Address

FCC form attached (if applicable)
FDA (if applicable):

FDA MANUFACTURER:
FDA PRODUCT CODE#
NUMBER OF CAPSULES:

DELIVERY INSTRUCTIONS:

COMMENTS:

Please attach all documentation pertaining to shipment information