



All Carrier
Acct

Shipper's Letter Of Instruction

Para
facturar

AWB

Shipper _____

Phone _____ Fax _____

Consignee _____

Phone _____ Fax _____

Airport Of Departure _____ Airport Of Destination _____

Number And Kind of Packages _____

Description Of Goods _____

Gross Weigth Kilos: _____ RATE: _____

Airfeight Charches Prepaid Collect → Amount: _____

Other charges: _____ Due Carrier

Other charges: _____ Due Agent

Declared Value: For Carriage \$ _____ For Customs \$ _____

Insurance Amount Requested \$ _____

General instructions: _____

In accordance with the 49 C.F.R & 1248.9, the SHIPPER authorizes ALL CARRIER LLC, to act on its behalf to search and inspect the cargo specified in this document.

Date _____

Signed: _____