

OCEAN SHIPMENTS: LETTER OF INTENT

This Form must be filled out completely EVERY SINGLE TIME you have an ocean consignment to ship

SHIPPING INSTRUCTIONS

*Is this your first time shipping via OCEAN?(CIRCLE ONE)

YES

NO

If yes see Ocean Representative for full explanation on ocean shipping

EXPORTER INFORMATION

COMPANY NAME	
FIRST AND LAST NAME	
US ADDRESS	
CITY, STATE ZIP CODE	
US CONTACT NUMBER	
EMAIL ADDRESS	
PASSPORT # OR EIN #	

CONSIGNEE INFORMATION

COMPANY NAME	
FIRST AND LAST NAME	
OVERSEAS ADDRESS	
CITY, COUNTRY	
CONTACT # (Include country code)	
EMAIL ADDRESS	

Do you have a specific vessel line you would like to use?

PORT OF DISCHARGE

LAGOS	ONNE	OTHER (List Port Name):	
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MODE OF TRANSPORT

CONTAINER	RORO	BREAKBULK	CONSOLIDATED	SHIPPER OWNED CNT
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CONTAINER SIZE

20 FT STANDARD	40 FT High Cube	OTHER (List CNT Size):	
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SHIPMENT RELEASE

(This does not Apply to CONSOLIDATED Shipments)

Check with a representative from our Ocean Department on applicable fees

TELEX RELEASE	ORIGINAL BILL OF LADING	WAYBILL	Fee \$ _____ (_____ Client Intials)
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COMMODITY DESCRIPTION

(State exactly how commodity should be listed on the Bill of Lading)

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VALUE OF SHIPMENT

Total Value:	
Do you have a Commercial Invoice or Bill of Sale?	YES NO

FORM M & BA NUMBER

Does your shipment require a Form M # YES NO

If yes provide Form M and BA # _____

Should you not have your Form M # presently this will be require before the vessel sails. Failure to produce your Form M # in a timely can result to additional fees should they be added after Cargo Manifest has been sent to destination country. *Intial her for acknowledgement* _____

CARGO INSURANCE

Do you wish to purchase cargo insurance? This is the ONLY way to protect your consignment 100% YES NO

Insurance is provided by Navigators Management Company, INC in Schaumburg, IL

Please ask or visit our website to see PSI Liability coverage on shipments.

VEHICLE (S) INFORMATION

YEAR	MAKE	MODEL	COLOR	VALUE
				\$
				\$
				\$

_____ *Insure information is accurate as no changes will be premitted once document is submitted to vessel line. Your Bill of Lading will be sent to you via email; you will have 48 hours to reply with any additional changes.

Intial

_____ ***Any changes request for after FINAL BILL OF LADING DRAFT has been sent to vessel line WILL INCURE FEES. These fees are by the vessel line and start at \$200.00

Intial

SIGN

DATE

Received by (PSI Employee)	
Date	
Employee Intials	Representative collecting this form from client is responsible for checking to make sure client has completely filled out form and provided all proper documents required. Representative is to explain all charges and fee to customer. Revert client to Ocean Freight Department if for any reason you do not full understand or are aware of the information that is to be told to client.

POWER OF ATTORNEY

I / We _____, as the Principle(s) have the right and as such appoint Prolog Services Inc DBA PSI Ocean Freight Systems. (hereinafter known as "Freight Forwarder") with full power and authority to file Electronic Export Information on My/Our behalf and to perform each and every act which may be necessary or convenient to handle and freight My/Our shipments as fully, and for all intents and purposes as I might or could do if personally present.

Be it further known and understood that I/We consider the failure of any entity to recognize this power of attorney to intentionally be acting to interfere with my/our prospective contractual advantage, which may be legally actionable in tort.

NOTICE:

A. This power of attorney is effective upon signing of the principal(s) and specifically authorizes the recipients authorized agent upon receipt to process and file all documentation necessary for the export of My/Our goods.

Executed this _____.

Signature

THE STATE OF _TEXAS §
 § **KNOW ALL MEN BY THESE PRESENTS:**
COUNTY OF HARRIS §

BE IT REMEMBERED, that on this _____, _____,
whose identity was proved to me, in due form acknowledged the foregoing instrument to
be his/her act and deed and desired the same.

GIVEN under my Hand and Seal of Office, the day and year aforesaid.

Signature _____

Notary Public

(Seal)