

## EXPORT SHIPPING INSTRUCTIONS

Please complete the following form and fax or email to us. (Email: [brenda@wrzanes.com](mailto:brenda@wrzanes.com), Fax: 504-524-1309)

Attn: \_\_\_\_\_

Note: If Containerization desired, contact us for special details.

Our Ref.	Date:	Supplier:	Terms:		
To: W. R. Zanes & Co. of La., Inc. P. O. Box 2330 New Orleans, LA 70176		From:			
Exporter & Address:					
Consign to:					
Notify Party:					
Port of Discharge:		Ocean Freight: <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid			
Insurance: <input type="checkbox"/> All Risk <input type="checkbox"/> F.P.A. <input type="checkbox"/> We Insure <input type="checkbox"/> Insure for us for \$ <input type="checkbox"/> No Insurance					
MARKS	NO. OF PKGS.	DESCRIPTION	GROSS WT.	NET WT.	VALUE
Note: Peru, Philippines, etc. may require pre-shipment inspection by qualified inspection service prior to export from the United States.					
Consular Countries: Bahrain, Cypress, Egypt, Iraq, Jordan, Kuwait, Lebanon, Oman, Pakistan, Paraguay, Qatar, Saudi Arabia, Spain, Syria, Tunisia, Turkey, United Arab Emirates, Yemen. Please furnish us with 1 original and 6 copies of your commercial invoice and 1 <u>original</u> and 3 copies of your packing list.					
Banking: <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Sight Draft Letter of credit, please send us copy of credit. Check date of expiration of letter of credit. If required, please request extension of letter of credit. Date of Expiration:					
MAIL	Original Documents to:				
	Copies to:				
	Copies to:				
Please Consign Domestic Movement: Yourself c/o W. R. Zanes & Co. of La., Inc., for Export, 223 Tchoupitoulas St., New Orleans, La 70130, Freight Prepaid					
Please Invoice: <input type="checkbox"/> Us <input type="checkbox"/> Other (Please specify)					
Power of Attorney The Undersigned hereby authorizes <u>W. R. Zanes &amp; Co. of La., Inc.</u> to act as forwarding agent for Export Control and Customs purposes.					

Special Instructions: (Use reverse side if necessary)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_