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# INTERFREIGHT INC.

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INTERNATIONAL FREIGHT FORWARDERS · NVO · CUSTOMS BROKERS

1480 ELMHURST ROAD, ELK GROVE VILLAGE, IL 60007

TEL 847.981.1999 FAX 847.981.0566/67

## Letter of Authorization to File Shipper's Export Declaration and Shipper's Letter of Instruction And Acknowledgement of Terms and Conditions of Service

Shippers Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

EIN Number or Federal ID Number: \_\_\_\_\_

D/F	Schedule B/HTS Number and Commercial Description	Quantity in Schedule B/HTS Unit(s)	Shipping Weight (kilograms)	ECCN/EAR99	If ECCN, Reasons for Control	License#/License Eception Symbol/ Authorization	Value (at port of Export) (US Dollars)(Selling Price/ Cost if not Sold/ Repair Value)

If no license is required please mark under License# "NLR"  
If no specific ECCN please mark under ECCN "EAR99"

If license is required please provide a copy of License

Dangerous Goods: Yes:  No:  UN #: \_\_\_\_\_ Class: \_\_\_\_\_ Packing Group: \_\_\_\_\_

Unless otherwise specified, the USPPI authorizes Interfreight Inc. to act as Forwarding Agent for export control, Census reporting, and Customs purposes, and to prepare and submit Electronic Export Information to the Automated Export System.

This letter is to confirm that from this date forward, we authorize Interfreight Inc. or their designated agent to screen all our Airfreight Cargo. We acknowledge receipt of Interfreight Inc. Terms and Conditions of Service governing all transactions between the Parties.

Print Name: \_\_\_\_\_

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

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