

YOUR SEABRIDGE INTL.

CONTACT: \_\_\_\_\_

NAME OF SHIPPER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I.R.S., SOCIAL SECURITY PASSPORT NUMBER: \_\_\_\_\_

ADDRESS OF SHIPPER IN U.S.: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

VEHICLE: 19\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

V I N NUMBER: \_\_\_\_\_

CUBIC FEET OR DIMENSIONS: \_\_\_\_\_

NAME OF CONSIGNEE OVERSEAS: \_\_\_\_\_

ADDRESS OF CONSIGNEE OVERSEAS: \_\_\_\_\_

TELEPHONE NUMBER OVERSEAS: \_\_\_\_\_

PORT OF LOADING: \_\_\_\_\_

PORT OF DISCHARGE: \_\_\_\_\_

OCEAN FREIGHT PREPAID OR COLLECT: \_\_\_\_\_

INSURANCE IF REQUIRED FILL IN VALUE OF VEHICLE: \_\_\_\_\_

IF INSURANCE IS NOT REQUIRED PLEASE FILL IN VALUE FOR U.S CUSTOMS ONLY: \_\_\_\_\_

THE ABOVE NAMED SHIPPER DOES HEREBY GRANT LIMITED POWER OF ATTORNEY TO SEABRIDGE INTL. INC. / STRAIT LINES TO ACT AS ITS AGENT TO ARRANGE EXPORT OF THE ABOVE METIONED GOODS AND TO SIGN DOCUMENTS AS REQUIRED TO EXECUTE EXPORT:

SIGNATURE AND DATE: \_\_\_\_\_

