

Shipper's Letter of Instruction

Please complete this form and return to Intersect Systems prior to packing and pick-up of your shipment.

Name: _____ e-mail: _____

Origin Address: _____

Phone: _____ Fax: _____

Social Security Number: _____

OR (if you do not have a social security number)

Passport Number: _____ Country: _____

Requested Pack Dates: _____

Requested Delivery Dates: _____

Shipment via: Air Surface Storage (circle all that apply)

Date of your departure from Origin: _____

Delivery Address: _____

Temporary Address and / or Contact Numbers at Destination:

Will you require storage of your shipment? _____

If yes, should your shipment be held in storage at origin or destination? _____

(Please note that storage at origin or destination will be subject to additional charges.)

Additional concerns/comments/instructions: _____

Date: _____

Signature

Please return this form to:

Intersect Systems International
300 Rancheros Drive, Suite 300
San Marcos, CA 92069
Phone: 877/663-7733 or 760 796 7733
Fax: 760 796 7526
e-mail: info@intersectsystems.net