

Shippers address in the USA (USPPI) (complete name and address):

HUNTERS LETTER OF INSTRUCTIONS AND FORWARDER AUTHORIZATION



USPPI's IRS# (EIN or Federal Tax ID):

Shipper's Reference Number:

Destination address / Hotel (complete name and address):

Flight Details

Credit Card Details -

Name on card (in full)

Intermediate Consignee (if different from above) (complete name and address):

Card type		Card Number	
Expiry		Security number	

No. of Firearms	Description Make / Model / Serial Number	Value (US Dollars)	Shipping Weight (kg)	Quantity		Export License No., Exception Symbol, or Other Authorization	
				Type of Ammunition	How Many Rounds	DDTC Quantity	DDTC U of M
1							
2							
3							
4							
5							

<--Total Firearms

Total Value -->

<--Total Weight

The USPPI authorizes the forwarder named above to act on its behalf as its true and lawful agent for export control purposes, and for creating and filing EEI in accordance with the laws of the United States. Shipper grants carrier consent to screen cargo as may be required by the Transportation Security Administration. Shipper has read and agrees to the Terms and Conditions of Service outlined on the Polaris Web-site www.polaris-logistics.com.

I certify that all statements made and all information contained herein are true and correct and that I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410

Confidential - Shipper's Export Declarations (or any successor document) wherever located, shall be exempt from public disclosure unless the Secretary determines that such exemption would be contrary to the national interest (Title 13, Chapter 9, Section 301 (g)).

Export shipments are subject to inspection by U.S. Customs and Border Protection and/or Office of Export Enforcement.

Signature of Duly Authorized Officer or Employee of USPPI:

Date:

Telephone No (incl. area code):

Name:

Title:

E-mail address: