SHIPPER (Name & Address)
Grovara LLC
3401 Market Street Suite 201
Philadelphia, PA 19104

INLAND CARRIER

SHIP DATE

PRO NO

EXPORTER EIN (IRS) No.
27-4822315

PARTIES TO TRANSACTION
☐ Related ☑ Non-Related

ULTIMATE CONSIGNEE
{NAME}
{ADDRESS}
{ADDRESS}

INTERMEDIATE CONSIGNEE

FORWARDING AGENT
{NAME}
{ADDRESS}
{ADDRESS}

POINT (STATE) OF ORIGIN OR FTZ NO
{CITY, STATE, COUNTRY}

COUNTRY OF ULTIMATE DESTINATION
{CITY, STATE, COUNTRY}

SHIPPER'S LETTER OF INSTRUCTION

SHIP VIA ☐ AIR ☑ OCEAN ☐ TRUCK ☐ RAIL ☐ COURIER

SHIPPER'S REF NO.
{INVOICE #}

☑ CONSOLIDATE ☐ DIRECT

SCHEDULE B DESCRIPTION OF COMMODITIES

D/F	MARKS, NOS, AND KIND OF PKGS SCHEDULE B NUMBER		QUANTITY SCHEDULE B UNIT(S)	SHIPPING WEIGHT (KGS)	SHIPPING WEIGHT (LBS)	CUBIC METERS	VALUE (CURRENCY)
D	{PRODUCT NAME} {SCHEDULE B}		{UNITS}	{WEIGHT}	{WEIGHT}	{CUBIC}	{AMT}

VALIDATED LICENSE NO / GENERAL LICENSE SYMBOL

ECCN (When Required)

SHIPPER MUST CHECK
☑ PREPAID ☐ COLLECT

DULY AUTHORIZED OFFICER OF EMPLOYEE

The Exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.

C.O.D AMOUNT:

SPECIAL INSTRUCTIONS

☐ YES, PREPARE BOL AND FORWARD FOR BANKING

SHIPPER INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT
☐ ABANDON ☐ RETURN TO SHIPPER
☑ DELIVER TO *Informe Grovara LLC*

SHIPPER REQUESTS INSURANCE
☐ NO ☐ YES & AMT

NOTE
The Shipper or the Authorized Agent hereby authorizes the above named Company, in the name and on his behalf to prepare any export documents to sign and accept any documents relating to said shipment and forward to shipment in accordance with the connditions of carriage and the tariffs of the carriers employed. The shipper guarantess payment of all collect charges in the event the cosignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders agents and others to whom it may entrust the shipment.

GBM SLI