

SHIPPER (Name and address including ZIP code)	<b>DISCOIN CORP</b> <b>853; NW ;; AVE</b> <b>DORAL, FL 33178</b> <b>305.718.4446</b> <b>786.567.6008 FAX.</b>
---	---

CUSTOMER (IRS) NO.	PARTIES TO TRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related	INLAND CARRIER (See note #2 below)	SHIP DATE	PRO NO.
		<b>PRO #</b>	<b>JOB #</b>	<b>OTHER:</b>
		<b>P.O. #</b>		

ULTIMATE CONSIGNEE (Name and address including ZIP code)	
INTERMEDIATE CONSIGNEE 3 <sup>RD</sup> PARTY INFORMATION (Name and address including ZIP code)	

## SHIPPER'S LETTER OF INSTRUCTIONS

NOTE: 1 IF YOU ARE UNCERTAIN OF THE SCHEDULE B, COMMODITY NO.--DO NOT TYPE IT IN--WE WILL COMPLETE WHEN PROCESSING THE 7525-V.  
 2 IF YOU HAVE SHIPPED THIS MATERIAL TO US VIA AN INLAND CARRIER--PLEASE GIVE US THE INLAND CARRIER'S NAME, SHIPPING DATE, AND RECEIPT OR PRO. NO. (IF AVAILABLE). THIS WILL HELP US EXPEDITE YOUR SHIPMENT WITH THE INLAND CARRIER  
 3 BE SURE TO PICK UP TOP SHEET AND SIGN THE FIRST BUFF EXPORT DECLARATION WITH PEN AND INK.

SHIPPER'S REF. NO.	DATE	SHIP VIA	<input type="checkbox"/> CONSOLIDATE <input type="checkbox"/> DIRECT <input type="checkbox"/> EXPRESS
--------------------	------	----------	--

SCHEDULE B DESCRIPTION OF COMMODITIES							VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold)
D/F	KIND OF PKGS SCHEDULE B NUMBER	DIMENSI ON PER UNIT(S)	COMMODITY SHIPPED	G WEIGHT (Pounds)	CLASS		

VALIDATED LICENSE NO. GENERAL LICENSE SYMBOL	ECCN (When required)	SHIPPER MUST CHECK ➔	<input type="checkbox"/> PREPAID OR <input type="checkbox"/> COLLECT
--	----------------------	----------------------	---

Duly authorized officer or employee	The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.	<b>C.O.D. AMOUNT \$</b>
-------------------------------------	---	-------------------------

**SPECIAL INSTRUCTIONS**

SIGNATURE:	SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT AS CONSIGNED: <input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER <input type="checkbox"/> DELIVER TO _____  SHIPPER REQUESTS INSURANCE <input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO <small>If Shipper has requested insurance as provided for at the left hereof shipment is insured in the amount indicated (recovery is limited to actual loss) in accordance with the provisions as specified in the Carrier's Tariffs. Insurance is payable to Shipper unless payee is designated in writing by the shipper.</small>
------------	---

NOTE: The shipper or his Authorized Agent hereby authorizes the above named Company in his name and on his behalf, to prepare any export documents, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The shipper guarantees payment of all collect charges in the event the consignee 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.