



## LETTER OF ACCEPTANCE

Owner's Name:	<input type="checkbox"/> Air Shipment <input type="checkbox"/> Surface Shipment
Reg. #:	
E-mail Address:	Corporate Account:
Origin Address:	Delivery Address:
Origin Phone No.:	Contact Phone No. at Destination:
<b>Value for transit coverage purposes: \$ _____ Customer's initials _____</b> <input type="checkbox"/> <b>I decline transit coverage available through Allied International.</b> <b>Reason:</b> <input type="checkbox"/> No transit coverage desired <input type="checkbox"/> Alternatively insured	

I grant Allied International ("Allied") a limited Power of Attorney to act in my name and on my behalf to prepare export documents, sign and accept documents relating to the shipment, and to arrange for the forwarding of my shipment to its final destination. I further grant Allied dominion and control over my shipment to the extent necessary to route the shipment to destination. I accept that it is the sole responsibility of Allied to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipment. I accept that my recovery for loss, damage, and/or destruction of the shipment is limited to the amount of transit coverage purchased and that transit coverage arranged by Allied is subject to the terms and conditions of Allied's open marine insurance policy - a copy of which will be made available upon request. I acknowledge that the exact amount of charges for services performed outside the United States may not be known at the time payment is required and agree to pay for such services based on estimates provided prior to shipment. For air shipments, Allied International does not directly or indirectly provide air transportation, but only acts as Owner's agent in arranging for it.

I understand that (a) it is my responsibility to ensure no firearms, explosives, destructive devices or hazardous materials, such as aerosol spray cans, matches, paints, ammunition, propane tanks, etc., are loaded in my shipment; (b) my shipment will undergo customs clearance at destination and certain documents may be required. (Hawaii, Alaska, Puerto Rico and US possessions excluded.) and that I have complied with all known customs regulations required by the destination country; (c) full payment in the form of a cashier's check must be made prior to the release of my belongings unless other billing arrangements have been made; (d) final charges will be based on the actual weight and volume of my goods; and (e) rates are based on normal access at destination unless otherwise noted. Delivery above 2nd floor, long carry or shuttle devices will result in additional charges in destination.

*By signing this Letter of Acceptance, Owner agrees to the terms and conditions above.*

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Note:** Your Social Security Number is a mandatory requirement for all shipments leaving the United States of America as specified by the U.S. Customs and Immigration Service.