

CAPITAL ONE FAX COVER SHEET

DATE: _____

TO:

CUSTOMER NAME: _____

Please issue your authorization to release the following described goods under your reference no. _____ to the Carrier company or its Agent named below.

Attached is a copy of the Airway Bill and the invoice for USD _____.

Master Airway Bill No.: _____

House Airway Bill No.: _____

Bill of Lading No.: _____

Vessel's Name: _____

Shipment Date: _____

Shipment From: _____

Shipment To: _____

Merchandise Description: _____

Name / Address of Airline / Courier / Steamship Company:

Telephone No.: _____

Facsimile No.: _____

We understand that the issuance of such guarantee precludes us from subsequently claiming that the documents are not in accordance with the terms and conditions of the Letter of Credit/Documentary Collection.

(Organization's/Client's Legal Name)

[Print Name of Authorized Representative]

[Dated]

[Print Title of Authorized Representative]

[Signature of Authorized Representative]