

CG Railway, Inc.Document Title: Shipping Instructions FormAuthor: KMRevision: A Sep 23, 2008Review and Approval: MCNumber: CGR-QMS-App O**COMPANY NAME:**

EXPORTER (SHIPPER):	LOADING POINT:
ADDRESS:	ADDRESS:
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
E-MAIL: _____	
RESPONSIBLE FREIGHT BILL PARTY:	FREIGHT FORWARDER/CUSTOMS BROKER - USA:
ADDRESS:	CONTACT: _____
PHONE: _____ FAX: _____	ADDRESS: _____
	PHONE: _____ FAX: _____
	E-MAIL: _____
CONSIGNEE (RECEIVER):	CUSTOMS BROKER - MEX:
ADDRESS:	CONTACT: _____
PHONE: _____ FAX: _____	ADDRESS: _____
ZONE*: _____ TRACK*: _____ SPOT*: _____	PHONE: _____ FAX: _____
(IF APPLICABLE)	E-MAIL: _____
IMPORTER OF RECORD: (IF SAME AS CONSIGNEE PLEASE NOTE)	CARE OF PARTY: (IF DIFFERENT THAN CONSIGNEE PLEASE NOTE)
ADDRESS:	ADDRESS: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____

LOAD (CARGO) DESCRIPTION

# OF PACKAGES	CARGO DESCRIPTION	WEIGHT PER CAR
	STCC: _____	
ROUTE:		
FREIGHT TERMS:		
SPECIAL HANDLING INSTRUCTIONS AND COMMENTS*		

SIGNATURE**DATE**

FOR CGR USE ONLY RWC:	
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* OPTIONAL (ALL ELSE REQUIRED)