

SHIPPER'S LETTER OF INSTRUCTION

UPS Supply Chain Solutions™



| | | | | | | | |
|---|--|--|--|---|--|------------------------|--|
| 1a. U.S. PRINCIPAL PARTY IN INTEREST (USPPI) (Complete name and address) VRTX, Inc. 1204 Springwood Ave. Gibsonville, NC ZIP CODE 27249 | | | | SHIPPER'S ACCOUNT NUMBER CONSIGNEE'S ACCOUNT NUMBER 42735943 | | GATEWAY DESTINATION | |
| b. USPPI EIN (IRS) OR ID NO. 133853957 | | | | c. PARTIES TO TRANSACTION <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-related | | | |
| 4a. ULTIMATE CONSIGNEE (Complete name and address) Amoena Costa Rica, S.A. Zona Franca Metropolitana, 3006 Barrial De Heredia, Apartado 102 CA Costa Rica | | | | 2. DATE OF EXPORTATION March 18, 2010 | | | |
| b. INTERMEDIATE CONSIGNEE (Complete name and address) | | | | On receipt of the shipment described below, UPS Supply Chain Solutions, Inc. and its agents are requested and authorized to act as agent for the shipper, prepare and issue carrier's air waybill, for each air freight bill in the name of the undersigned, consign such shipment for carriage to destination or for onward carriage and delivery by any other transportation arrangement in accordance with the terms and conditions contained in carrier's air waybill, tariffs, rules and regulations, and the UPS Supply Chain Solutions, Inc. Terms and Conditions of Contract at www.ups-scs.com, including provisions that limit liability to the shipper's "declared value for carriage" and to prepare and forward to shipper's name any documents required for export. | | | |
| 5a. FORWARDING AGENT (Complete name and address) UPS SUPPLY CHAIN SOLUTIONS, INC. 12380 MORRIS RD, ALPHARETTA, GA 30005 5b. ID No. 94308351500 | | | | FORM OF PAYMENT (If no Form of Payment is indicated, the Shipper shall be liable for charges.) <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT <input type="checkbox"/> GBL* <small>*REFER TO GBL NUMBER BELOW</small> <input type="checkbox"/> CHECK ON PICK UP <input type="checkbox"/> BILL TO THIRD PARTY RECEIVED BY (Initials) _____ \$ _____ <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> THIRD PARTY | | | |
| 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | | 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | |
| CHECK SERVICES <input type="checkbox"/> PUERTO RICO (Next Day) <input type="checkbox"/> EXPRESS (Door-to-Door) <input type="checkbox"/> STANDARD PLUS (Door-to-Door) <input type="checkbox"/> PREFERRED (Airport-to-Airport) <input type="checkbox"/> STANDARD (Airport-to-Airport) <input type="checkbox"/> OCEAN | | | | CHECK OPTIONS <input type="checkbox"/> GOLD <input type="checkbox"/> GOLD (Door-to-Door) <input type="checkbox"/> GOLD (Door-to-Airport) <input type="checkbox"/> Customs Clearance <input type="checkbox"/> Delivery | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | DECLARED VALUE FOR CARRIAGE \$ _____ | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | CONSIGNEE CONTACT Alejandro Bolaños R. TELEPHONE (506) 2293-3034 | | | |
| 8. COUNTRY OF ORIGIN (MANUFACTURE) USA | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| CONSIGNEE REFERENCE NUMBER | | | | 17. HAZARDOUS MATERIALS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| BILL TO (THIRD-PARTY) NAME & ADDRESS | | | | 19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> | | | | THIRD-PARTY ACCOUNT NUMBER | | | |
| 20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24) | | | | 6. POINT (STATE) OF ORIGIN OR FTZ NO. NY | | | |
| 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica | | | | 15. SHIPMENT REFERENCE NO. | | | |
| | | | | | | | |