

Please insert your company letterhead – (including full address & phone contact details)

## LETTER OF AUTHORITY TO ACT AS CUSTOMS BROKER

We hereby authorize:

**Across the Ocean Shipping Pty Ltd**  
ABN 61975599156  
Suite 201 – 13 Cremorne Street  
Richmond, VIC 3121 Australia  
Tel: 61 3 9427 0015

To act on our behalf in relation to all customs clearance matters as our Customs Brokers in accordance with Section 181 of the Customs Act 1901.

We also authorise Across the Ocean Shipping Pty Ltd to quote our Australian Business Number (ABN) as may be required by the Australian Taxation Office and GST legislation in respect to the importation of goods for the Australian Border Force.

We also authorise Across the Ocean Shipping Pty Ltd to collect Delivery Orders on our behalf and to endorse the bills of lading as required for release.

This authority is valid to all goods arriving into Australia and supersedes all prior authorities.

Company Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Name of Company Representative: \_\_\_\_\_

Position in Company: \_\_\_\_\_

Signature of Company Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Account Name and Logo Here (include phone, fax and OTI license number)

**BILL OF LADING**

SHIPPER/EXPORTER (provide complete name and address)		BOOKING NO:	BILL OF LADING NO:
		EXPORT REFERENCES:	
CONSIGNEE (please provide complete name and address)		FORWARDING AGENT / FMC NO:	
		POINT AND COUNTRY OF ORIGIN:	
NOTIFY PARTY (please provide complete name and address)		FOR DELIVERY OF GOODS PLEASE PRESENT DOCUMENTS TO:	
MODE OF INITIAL CARRIAGE	PLACE OF INITIAL RECEIPT	DOMESTIC ROUTING/EXPORT INSTRUCTIONS	
VESSEL NAME	PORT OF LOADING		
PORT OF DISCHARGE	PLACE OF DELIVERY BY CARRIER	FREIGHT PAYABLE AT	TYPE OF MOVEMENT

**PARTICULARS FURNISHED BY SHIPPER**

MARKS & NOS/CONT. NOS	NO. OF PACKAGES	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
TOTAL NUMBER OF PKGS.				

**Liability Information**

Clause 20 on the reverse side hereof limits the carrier's liability to a maximum of US\$500 per package or customary freight unit by incorporation of the Carriage of Goods by Sea Act. To protect for a higher value, you may declare a higher value and pay the ad valorem freight charge or purchase cargo insurance.

**Declared Value:**

The shipper may increase the carrier's liability by declaring a higher value in the "Declared Value" box to the right and paying the additional charge that accompanies this.

**Insurance:**

The shipper may also purchase insurance on the goods listed on this bill of lading by indicating this in the box to the right and paying the additional premium.

**DECLARED VALUE: \$** \_\_\_\_\_

*If shipper enters a value, carrier's limitation of liability shall not apply and the ad valorem rate will be changed.*

**SHIPPER REQUESTS INSURANCE:**

Yes  No *Must check one box!*

Amount: \$ \_\_\_\_\_

**FREIGHT RATES, CHARGES, WEIGHTS AND/OR MEASUREMENTS**

SUBJECT TO CORRECTIONS	FREIGHT RATES, CHARGES, WEIGHTS AND/OR MEASUREMENTS	
	PREPAID	COLLECT

RECEIVED FOR SHIPMENT from the MERCHANT in apparent good order and condition unless otherwise stated herein, the GOODS mentioned above to be transported as provided herein, by any mode of transport for all or any part of the Carriage, SUBJECT TO ALL THE TERMS AND CONDITIONS appearing on the face and back hereof and in the CARRIER'S applicable Tariff, to which the Merchant agrees by accepting this BILL OF LADING.

Where applicable law requires and not otherwise, one original Bill OF LADING must be surrendered, duly endorsed, in exchange for the GOODS or CONTAINER(S) or other PACKAGE(S), the others to stand void. If a 'Non-Negotiable' BILL OF LADING is issued, neither an original nor a copy need be surrendered in exchange for delivery unless applicable law so requires.

BY \_\_\_\_\_

**AS CARRIER**

DATED \_\_\_\_\_

# COMMERCIAL INVOICE

Date				Invoice No							
Exporter Address City/State/ZIP Code Country Phone/Fax Contact Person				Consignee Address City/State/ZIP Code Country Phone/Fax Contact Person							
Tax ID No (EIN)		Total Gross Weight		Transportation		Tax ID No (EIN)		Terms of Sale:			
Other		Total # of Pieces		AWB/BL #		Currency					
Commodity Description			HS	Country of Manufacture		Qty	UOM	Unit Price	Total Amount		
These commodities, technologies, or softwares were exported from the United States in accordance with export administration regulations. Diversion contrary to United States law prohibited. We certify that this commercial invoice is true and correct.			Subtotal								
			Freight Cost								
			Insurance Cost								
			Total Invoice Value								
I/we hereby certify that the information on this invoice is true and correct and that the contents of this shipment are as stated above.											
Name			Signature				Date				

## Packing List

Company  
 Address  
 City, State, Zip  
 Phone : Email@email.com

Customer Name  
 Address  
 City, State, Zip  
 Phone : Email@email.com

Order Date	Ship Date	Shipping Company	Order Number	Customer PO Number

Quantity Ordered	Quantity Shipped	Product Weight	Description	Product Number

Totals

Total Ordered	Total Shipped	Total Weight	Shipment Notes

Additional Notes

**Company letterhead**  
**(MUST be issued by the packer or supplier of the goods and MUST include the company's name AND address)**

**PACKING DECLARATION**

**Vessel name:**..... **Voyage number:**.....

**Consignment identifier or numerical link**.....

**UNACCEPTABLE PACKAGING MATERIAL STATEMENT**

(Packaging material such as straw, peat, hay, chaff, used fruit & vegetable cartons are not permitted)

Q1 Have unacceptable packaging materials been used as packaging or dunnage in the consignments covered by this document?

A1 YES  NO

**TIMBER/BAMBOO PACKAGING/DUNNAGE STATEMENT**

(Timber/bamboo packaging/dunnage includes: crates, cases, pallets, skids, and any other timber or bamboo used as a shipping aid)

Q2 Has timber/bamboo packaging/dunnage been used in consignments covered by this document?

A2 YES Timber  YES Bamboo  NO   
(nil timber/bamboo)

**TREATMENT CERTIFICATION (ONLY IF TIMBER/BAMBOO PACKAGING/DUNNAGE IS DECLARED IN QUESTION 2)**

Q3 All timber/bamboo packaging/dunnage used in the consignment has been (Please Indicate below)

**Treated and marked in compliance with ISPM 15**  
(Note: ISPM 15 is only applicable to timber packaging)

Or

**Treated in compliance with Department of Agriculture and Water Resources treatment requirements**

(With accompanying treatment certificate)

Or

**Not treated**

**CONTAINER CLEANLINESS STATEMENT (for FCL/X consignments only - statement to be removed from document when not relevant)**

The container(s) covered by this document has/have been cleaned and is/are free from material of animal and/or plant origin and soil.

Signed: ..... Printed name:.....  
(Company representative)

Date of issue:.....  
(DD/MM/YYYY)

INSERT (SUPPLIER) COMPANY NAME/ ADDRESS/ CONTACT DETAILS HERE...

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DO THESE GOODS CONTAIN ASBESTOS / OR A POWDER SUBSTANCE THAT CONTAINS ASBESTOS, AS DESCRIBED IN REGULATION 4C OF THE CUSTOMS (PROHIBITED IMPORTS) REGULATIONS 1956 RELATING TO ASBESTOS?

Please circle answer..... YES OR NO

Consignment link .....

Signature .....

Date.....

**SUPPLIERS LETTERHEAD**  
MUST INCLUDE FULL ADDRESS & PHONE #

**NEW / UN-USED DECLARATION**

Vessel Name: \_\_\_\_\_ Voyage Number: \_\_\_\_\_

Consignment Identifier(s) or Numerical Link: \_\_\_\_\_  
(Container number or invoice no)

This is to certify that "The machinery and associated parts, vehicles, aircraft, equipment or parts is/are new and has/have not been field-tested."

The goods do not contain any timber / plant / animal components.

Name of Representative \_\_\_\_\_

Signed \_\_\_\_\_  
(Company Representative)

Date \_\_\_\_\_