



## FOREIGN ROUTED POWER OF ATTORNEY

WRITTEN AUTHORIZATION TO PREPARE OR TRANSMIT  
ELECTRONIC EXPORT INFORMATION (EEI) FOR EXPORTS  
FROM THE UNITED STATES FOR ROUTED TRANSACTIONS

I, \_\_\_\_\_, authorize Supply Chain Shipping LLC to act as authorized agent for export control, U.S. Customs & Border Protection (CBP) and U.S. Census Bureau purposes to transmit such export information electronically or in paper that may be required by law or regulation in connection with the exportation or transportation of any goods on behalf of the said Foreign Principal Party in Interest (FPPI). The FPPI certifies that necessary and proper documentation to Authorized Agent. The FPPI further understands that civil and criminal penalties may be imposed for making false or fraudulent statements or the violation of any U.S. laws or regulations on exportation and agrees to be bound by all statements of said authorized agent based upon information or documents provide by the FPPI to said authorized agent. The FPPI appoints and authorizes Supply Chain Shipping LLC to act within the territory of lawful forwarding agent and to sign or endorse export documents (i.e. commercial invoices, bill of lading, insurance certificates, certificate of origin, drafts and any other export document) necessary for the completion of an export as may be required under law or regulation, and to transmit export information to CBP and other applicable U.S. Government agencies. The FPPI authorizes Supply Chain Shipping LLC to sign and swear to any document and to perform any act hat may be necessary or required by law or regulation in connection with the lading, or endorse or countersign weight certificates or tickets provided by grantor or grantor's designee, or operation of any vessel or other means of conveyance.

Signature: \_\_\_\_\_

Signatories Printed Name: \_\_\_\_\_

Phone Number and/or Email: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Company/Organization Full Address: \_\_\_\_\_

City, State, Zip, Country: \_\_\_\_\_

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

*Please complete the form, print the form, sign the printed copy, then send the original to Supply Chain Shipping LLC.*