

SAMPLE AUTHORIZATION TO SCREEN CARGO LETTER

Attention Shipper: Please copy and insert the following text onto your letterhead. When completed, please fax as soon as possible to: (310) 943-2117.

Date

Shipper company name

Shipper physical address - **P.O. Box number IS NOT ACCEPTABLE**

Shipper telephone number

We _____ authorize and consent to the screening all cargo tendered by us to:
(Shipper)

Apollo Freight , Inc. from the date of this notification forward.

(Print name of shipper's authorized representative)

(Print title of shipper's authorized representative)

(Signature of shipper's authorized representative)