



SAI INTERNATIONAL INC.



6575 West Loop South, Suite 500
 Houston, Texas 77401
 TEL: 1-800-256-0656
 FAX: 281-565-5065
 E-MAIL: dlegal@saiusa.net

DOCUMENT LEGALIZATION COVER-SHEET

Date : _____ Forwarder : _____ Contact : _____ Billing Ref/HB# _____ Telephone : _____ Address : _____ City & Zip : _____ Shipper : _____	<p style="text-align: center;">Please provide a Copy of each Original for processing L/C docs. (E-mail time sensitive & non L/C docs. - 1 each)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>DOCS. TO BE</u></th> <th style="text-align: left;"><u>NO. TO BE</u></th> </tr> <tr> <th style="text-align: left;"><u>LEGALIZED</u></th> <th style="text-align: left;"><u>LEGALIZED</u></th> </tr> </thead> <tbody> <tr><td>CERTIFICATE OF ORIGIN</td><td style="text-align: right;">()</td></tr> <tr><td>COMMERCIAL INVOICE</td><td style="text-align: right;">()</td></tr> <tr><td>BILL OF LADING OR AWB</td><td style="text-align: right;">()</td></tr> <tr><td>PACKING LIST</td><td style="text-align: right;">()</td></tr> <tr><td>STEAMSHIP LETTER</td><td style="text-align: right;">()</td></tr> <tr><td>CERTIFICATE OF ANALYSIS</td><td style="text-align: right;">()</td></tr> <tr><td>CERTIFICATE OF HEALTH</td><td style="text-align: right;">()</td></tr> <tr><td>CONSULAR INVOICE</td><td style="text-align: right;">()</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">()</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">()</td></tr> </tbody> </table>	<u>DOCS. TO BE</u>	<u>NO. TO BE</u>	<u>LEGALIZED</u>	<u>LEGALIZED</u>	CERTIFICATE OF ORIGIN	()	COMMERCIAL INVOICE	()	BILL OF LADING OR AWB	()	PACKING LIST	()	STEAMSHIP LETTER	()	CERTIFICATE OF ANALYSIS	()	CERTIFICATE OF HEALTH	()	CONSULAR INVOICE	()	OTHER _____	()	OTHER _____	()
<u>DOCS. TO BE</u>	<u>NO. TO BE</u>																								
<u>LEGALIZED</u>	<u>LEGALIZED</u>																								
CERTIFICATE OF ORIGIN	()																								
COMMERCIAL INVOICE	()																								
BILL OF LADING OR AWB	()																								
PACKING LIST	()																								
STEAMSHIP LETTER	()																								
CERTIFICATE OF ANALYSIS	()																								
CERTIFICATE OF HEALTH	()																								
CONSULAR INVOICE	()																								
OTHER _____	()																								
OTHER _____	()																								

<p><u>PLEASE SPECIFY/MARK (X) FOLLOWING IF APPLICABLE</u> SHIPMENT UNDER L/C [ENCLOSE COPY] ()</p>	RETURN DOCS. VIA _____ A/C# _____ PRIORITY HANDLING** () **ADD'L CHARGE MAY APPLY
---	---

SPECIAL INSTRUCTIONS:

PLEASE SPECIFY COUNTRY:

() ARGENTINA	() JORDAN	() PARAGUAY	() U.A.E.
() BAHRAIN	() KUWAIT	() QATAR	() YEMEN
() EGYPT	() LEBANON	() SAUDI	() Others:
() IRAQ	() LIBYA	() SYRIA	
() Israel- C.O.	() OMAN	() TUNISIA	_____

- NOTES**
1. MANUFACTURER/S NAME & ADDRESS MUST BE PRINTED ON CERTIFICATE OF ORIGIN FOR SHIPMENTS TO ARAB COUNTRIES. **THESE DOCUMENTS WILL BE LEGALIZED AS PER CUSTOMS REQUIREMENTS**
 2. ORIGINAL BILLS OF LADING/AIR WAYBILL AND COMMERCIAL INVOICE + 4 COPIES ARE REQUIRED FOR SHIPMENT TO LATIN/SOUTH AMREICAN COUNTRIES.
 3. TO AVOID ANY MISUNDERSTANDING & DELAY IN LEGALIZATION, PLEASE FILL OUT THIS SHEET PROPERLY AND USE SEPARATE COVER SHEET IF YOU HAVE MORE THEN ONE SET OF DOCUMENTS.

THANK YOU FOR USING SAI INTERNATIONAL