

Frontier Technology Corporation

SOURCE SHIPMENT DATA FORM (SSDF)

Customer Name: Site:	Country: Nearest Airport: <input type="checkbox"/> Drop Ship <input type="checkbox"/> Other
Requested Ship Date: Order Requested By:	Customer PO: PO Date: Sales Order:
Part Number:	Quantity:
Source Strength (in micrograms):	
SHIP TO ADDRESS (Physical Address Req'd): Contact Name: Tel: Fax: Email:	FREIGHT FORWARDER: Contact Name: Tel: Fax: Email:
Local Representative:	CUSTOMS BROKER: Contact Name: Tel: Fax: Email:
Letter of Credit Requirements:	
COMMERCIAL INVOICE VALUE:	
ATTACHMENTS INCLUDED	
<input type="checkbox"/> Source License <input type="checkbox"/> Import Permit	<input type="checkbox"/> Certificate of Conformance <input type="checkbox"/> Other – Please Specify
SEND INVOICE TO: Attn: Tel: Fax:	Special Instructions: