

On the LC check list below enter any comments and mark the item as pass/fail. Pass is only if that area of the LC is fully acceptable. If Fail, what needs to change to make it acceptable.

Date _____
 Account Number _____
 Customer Name _____ LC # _____
 Sales Order # _____
 Order Amount _____

 CSR _____
 Sales _____

	Pass/Fail	Comments
Opening Bank	<input type="checkbox"/>	_____
40A Irrevocable	<input type="checkbox"/>	_____
31C Date of Issue	<input type="checkbox"/>	_____
40E Applicable Rules	<input type="checkbox"/>	_____
31D Date of Expiration	<input type="checkbox"/>	_____
Place of Expiration	<input type="checkbox"/>	_____
59 Beneficiary	<input type="checkbox"/>	_____
32B Amount	<input type="checkbox"/>	_____
Currency	<input type="checkbox"/>	_____
39A % tolerance	<input type="checkbox"/>	_____
41D Available with	<input type="checkbox"/>	_____
42C Drafts at...	<input type="checkbox"/>	_____
43P Partial Shipments	<input type="checkbox"/>	_____
43T Transshipments	<input type="checkbox"/>	_____
44E Port of Load	<input type="checkbox"/>	_____
44F Port of Discharge	<input type="checkbox"/>	_____
44F Destination Port	<input type="checkbox"/>	_____
44C Last Ship Date	<input type="checkbox"/>	_____
Exp - LSD = 21	<input type="checkbox"/>	_____
45A Goods Description	<input type="checkbox"/>	_____
Incoterms	<input type="checkbox"/>	_____

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	Pass/Fail	Comments
46A Doc. Required	<input type="checkbox"/>	_____
Commerical Inv	<input type="checkbox"/>	_____
Bill of Lading	<input type="checkbox"/>	_____
Insurance	<input type="checkbox"/>	_____
Packing List	<input type="checkbox"/>	_____
Beneficiary Certif.	<input type="checkbox"/>	_____
Certif. of Origin	<input type="checkbox"/>	_____
Certif. of Quality	<input type="checkbox"/>	_____
Certif. of Analyst	<input type="checkbox"/>	_____
Other Docs:	<input type="checkbox"/>	_____
47A Add'l Conditions	<input type="checkbox"/>	_____
Language	<input type="checkbox"/>	_____
Bank Subm Req	<input type="checkbox"/>	_____
Discrepancy fee	<input type="checkbox"/>	_____
Additional fees	<input type="checkbox"/>	_____
Amend. Accept	<input type="checkbox"/>	_____
Tolerance	<input type="checkbox"/>	_____
Typographical error	<input type="checkbox"/>	_____
71B Charges	<input type="checkbox"/>	_____
48 21 day presentation	<input type="checkbox"/>	_____
49 Confirmation	<input type="checkbox"/>	_____
78 Bank Instructions	<input type="checkbox"/>	_____
Beneficiary Fees	<input type="checkbox"/>	_____
Usance Instuctions	<input type="checkbox"/>	_____

Order Released _____
 Date _____
 By _____