

FAX 'N' GO MANIFEST SUBMISSION FORM



Fax: 416-398-5691 Email: FaxNGo@ecustoms.com For Assistance call: 416-630-3000

Regular 4-hour service will be assumed. For Rush or Expedited service, please call.

PLEASE CHECK DESTINATION COUNTRY

ACE (U.S.)

ACI (CANADA)

COVER SHEET INFORMATION

How would you like to receive your Cover Sheet?
(Please select either email or fax)

Email:

Fax:

PART 1: GENERAL TRIP/CONVEYANCE INFORMATION Original Manifest Revised Manifest

NOTE: For empty trips, complete only PART 1.

For 'Revised' Manifests, please specify revision.

Carrier Name:

SCAC/Carrier Code (PARS):

Form Submitted By:

Phone:

First Point of Arrival: U.S.A. Canada

Port Name/Code:

Border Arrival Date: ____/____/____ (mm/dd/yyyy) ETA: ____:____ AM / PM Time Zone:

CREW INFORMATION

All Passengers and Drivers must be identified. At least 1 person must be designated "In Charge"

Name: In Charge Driver Passenger

Name: In Charge Driver Passenger

Driver's Destination Address:

Street:

City:

State:

Zip/Postal Code:

EQUIPMENT INFORMATION

Conveyance and Trailer(s) must be identified

Truck #:

Trailer #:

Are IITs Present?

Yes No

If Yes, on Trailer With Items Without Items Carrier Bond Importer Bond

If Yes, on Truck With Items Without Items Carrier Bond Importer Bond

***If this is a first-time submission, a NEW PROFILE FORM is required 24 hours prior to submission.**

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(CONTINUED)

PART 2: BILL OF LADING/CARGO INFORMATION

(For multiple Bills of Lading, please repeat this page.)

NOTE: Do not fill out PART 2 for empty trips

Shipment Control Number (SCN) or Cargo Control Number (CCN):

Is Any Part of the Shipment Moving In-Bond? Yes No **If Yes, indicate Sub-location code:**
(For ACI Shipments Only)

Bill Type: Regular Bill Sec. 321 (LVS) Form 3299 Other:

Shipper:

Consignee:

Address:

Address:

City:

City:

State/Province:

State/Province:

Country:

Country:

Zip/Postal Code:

Zip/Postal Code:

LINE ITEMS

(For more Line Items, please use a Line Item Detail Continuation Sheet.)

General Description:

Trailer #:

Quantity/UOM:

Weight/UOM:

If 'Yes' to Sec. 321 (LVS),
please provide the following:

Dollar Value:
≤\$200 USD

Currency: USD CAD

Country
of Origin:

ARE YOU TRANSPORTING HAZARDOUS MATERIALS? Yes No

If you are transporting hazardous materials, please provide the information below:

Insurance Co.:

Policy #:

Year:

Liability Amount:

Contact:

Phone:

HazMat Code:

HazMat Class Code/Description:

ARE YOU TRANSPORTING MOTOR VEHICLES? Yes No

If you are transporting motor vehicles, please provides the VIN #s below:

VIN #:

VIN #:

VIN #:

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