

AES - INFORMATION FORM

Fax :1(866) RBI-2696

(724-2696)



Integrated Solutions in Customs Management

Day-to-day OPS - Version

Please provide with this fax a copy of regular or house bill if available.

USPPI

Name

ID Number (EIN number)

Contact

Phone Number

Cargo Origin Address

ULTIMATE CONSIGNEE

Name

Contact

Phone Number

Address

FREIGHT FORWARDER

Name

ID Number (EIN number)

Contact

Phone Number

Address

SHIPMENT INFORMATION

SHIPMENT REFERENCE NUMBER

DEPARTURE DATE

ORIGINE US STATE

EXPORTATION PORT

COUNTRY OF DESTINATION

MODE OF TRANSPORTATION

CARRIER SCAC / IATA

CONVEYANCE NAME

ROUTED TRANSACTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RELATED COMPAGNIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAZARDOUS PRODUCTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COMMODITIES

	EIC	LES	HTS Number	DESCRIPTION	QTY	UOM	D / F	GROSS Wt	VALUE
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>