

ABC Customs Brokers Ltd. - Confirmation of Sale

Please complete the following contact information. Submissions received through our FormLink system will be accepted as final documents and posted to our Brokerage Services. Questions should be directed to our support group at support@formlink.com for assistance. Items in **RED** are required fields for submission. Once completed simply Click the "Submit to ABC" button.

Company Name: _____

Postal/Zip Code: _____

Contact Name: _____

Phone Number: _____

Address: _____

Fax Number: _____

City: _____

E-Mail Address: _____

State/Province: _____

Comments/Special Instructions::

ABC Customs Brokers Ltd.

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CONFIRMATION OF SALE

1. Vendor (Name and Address)			2. Purchaser (Name and Address)			
3. Exporter (Name and Address)			4. Consignee (Name and Address)			
5a. Carrier (Name and Address)			5b. Place of Direct Shipment to Canada			
5c. Conveyance Identification No.			6a. Date of Direct Shipment to Canada ____ YY ____ MM ____ DD		6b. Date Purchased ____ YY ____ MM ____ DD	
5d. Transportation: Give mode (Type, routing and travel temperature)				7. Country of Transhipment		
8. Check how sold <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Fax <input type="checkbox"/> In Person <input type="checkbox"/> Other				9. Sale made <input type="checkbox"/> FOB <input type="checkbox"/> Delivered		10. Currency of Settlement
11. Harmonized System Tariff No.	12. Specification of Commodities (general description & characteristics ie. grade, quality, kind of packages, make and numbers)	13. Country of Origin by Commodity. If US - declare State	14. Net Weight (state unit per pkg. By commodity in KG or LBS)	15. No. of Pkgs by Commodity	Selling Price of Commodity	
					16. Price per pkg	17. Total Cost per Commodity
18. Purchaser's Order No		19. Commercial Invoice No.		20. Total Weight Net Gross		21. Total Cost All Commodities
22. Special Agreements and related expenses (eg transport, cooling, palletization, inspection, brokerage, temperature recorder, etc)						
23. Date of Delivery, if Delivered Sale ____ YY ____ MM ____ DD			Indicate Amount	Included in field 21		Not included in field 21
24. Transportation charges, expenses and insurance from the place of direct shipment to Canada				<input type="checkbox"/>		<input type="checkbox"/>
25. Transportation charges, expenses and insurance to the place of direct shipment to Canada				<input type="checkbox"/>		<input type="checkbox"/>
26. CROSS-OVER DECLARATION (If Applicable) For the purpose of the above transaction, I am crossing from a <input type="checkbox"/> Broker to Dealer <input type="checkbox"/> Dealer to Broker				_____ Signature		
27. Purchaser or Agent _____ Signature Date			Vendor or Agent _____ Signature Date			
Representing			Representing			

The signer hereby certifies that the signer is authorized by the purchaser or the vendor named above to sign and authenticate the same on the purchaser's or vendor's behalf it is understood, unless otherwise stated herein, that this sale is made in contemplation of and subject to, and that all items described hereby are found, at shipping point to be in conformity with, the Canada Agricultural Products Act., the Canadian Food and Drugs Act, the Plant Quarantine Act and their respective regulations.