

General Agency Agreement

APPOINTING A CUSTOMS BROKER WITH POWER TO APPOINT A SUB-AGENT

I/We (Legal Company Name)	(Business/Tax ID #)
Of (Physical Address)	
transact business on my behalf in all matters relating to: (1) Customs that may be transacted by a customs broker licensed under the Custom	th Street, Suite 101, Surrey, BC V3S 9S2 my true, authorized and lawful attorney and agent to ms Act; (2) Excise and any tax or levies under the Excise Tax Act; (3) Shipping and storage related and refund of customs and/or excise duties, excise tax, sales tax and goods and services tax in customs offices located in ANY AND ALL PORTS IN CANADA.
security which comes into its possession and to use same, including drawbacks an (b) to receive all such payments and sums of money as are now due or may hereafter Border Services Agency relative to the foregoing;	ries, bills of lading, bills of exchange, warehouse receipts or other means of payment or collateral d claims of any nature for reimbursement of customs duties, sales/excises taxes and the like; r become due and payable to me by way of rebate, refund or remission on the order of the Canadaney; to deposit to and for its own account all such payments from the Government of Canada.
agent and any refund, rebate or remission of such duties, charge or other amounts agencies collecting same to deliver such rebate, refund or remission to my attorned amounts to my attorney and its sub-agents absolutely and for their own use and t	y account by my attorney or its sub-agent shall be a debt due by me to my attorney or to its sub-shall be the property of my attorney or its sub-agent and I direct and authorize any government by or sub-agent. I assign all such refunds, rebates or remissions of such duties, charge or other benefit. As further security for any and all sums owed or becoming owed to my attorney and its idemnities that I owe to my attorney and its sub-agent, and for any and all enforcement costs.
and after acquired personal property. I hereby waive my right to receive a copy of sums owed to my attorney or its sub-agent are due and payable by me immediately	issions of such duties, charge or other amounts hereinbefore referred to and over all of my present any financing statement or verification statement filed or issued in relation hereto. I agree that all vupon and invoice being issued, and all sums remaining unpaid for 15 days from any invoice date my knowledge, all documents and/or information that will be provided to my aforesaid attorney by complete.
license to transact business as a Customs Broker has been issued under the Customs	king. I further grant my attorney full power and authority to appoint any other person to whom a oms Act as a sub-agent to transact the afore-said business on my behalf and to revoke any such ent in the place of any sub-agent whose appointment has been revoked, as he, my attorney, shall
	hom a license to transact business as a customs broker has been issued under the Customs Act nentioned Customs offices, and to revoke any such appointment and to appoint any other person ent has been revoked, as it, my attorney, shall from time to time think fit.
	d Trading Conditions of The Canadian Society of Customs Brokers which are on the reverse side efference into this agreement. I hereby ratify and confirm and agree to ratify and confirm all that my
notice of revocation shall not be effective at any time when any sum is due and owir agreement remains in effect until terminated by mutual agreement amongst the par	f its revocation shall have been given to my aforesaid attorney, in writing by registered mail, which no but unpaid to my attorney or any obligation by me is owed to my attorney but is unfulfilled. This ties. This agreement and Power of Attorney may be executed in counterparts and transmitted by to form one binding agreement and Power of Attorney. I warrant and represent that the person ty to bind me.
In witness whereof The Company (listed under Legal Company Name above) has ca	aused these presents to be sealed with its corporate seal, attested to by the signature of its duly
authorized officials at (Physical Address)	Date (mm/dd/yyyy)
Officer Signature Officer Na	me (print) Title
OPTIONAL: Include your email to consent to our marketing communications. (Email	Address)

Acceptance of this GAA also confirms your agreement with the CSCB Service Terms and Conditions at aacb.com/terms