



Freight  
Warehousing  
Customs Brokerage

To: E-Manifest Team  
Company: A & A  
Email: aci.emanifest@aacb.com  
Fax: 604-542-6867

From: \_\_\_\_\_  
Company: \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Phone \_\_\_\_\_

Re: Request for ACI E-Manifest Preparation

**SHIPMENT INFORMATION:**

<b>CARRIER Code:</b>	
<b>DRIVER Info:</b>	
<b>TRUCK Info:</b>	
<b>TRAILER Info:</b>	
<b>PORT OF CROSSING:</b>	
<b>ESTIMATED DATE OF ARRIVAL:</b>	
<b>ESTIMATED TIME OF ARRIVAL:</b>	_____ : _____ AM / PM
<b>Cargo Control #(s)</b>	
<b>TRIP#</b>	
<b>WEIGHT / PCS</b>	_____ LBS or KG / QTY: _____
<b>BROKER:</b>	
<b>**PLEASE INCLUDE THE CUSTOMS INVOICE**</b>	