



## GeTS Application Form

SECTION 1: ACCOUNT INFORMATION		
Company Name <b>FREIGHTTRUST AND CLEARING</b>		
Street <b>1424 4th St Ste 214 PMB 1513</b>		
City <b>SANTA MONICA</b>	Province/ State <b>CA</b>	
Postal/ ZIP Code <b>90401</b>	Country <b>UNITED STATES OF AMERICA</b>	
Phone <b>14237021413</b>	Fax <b>(818) 457 - 5660</b>	
Main Contact Name <b>SAM BACHA</b>	Title <b>FOUNDER</b>	
E-mail <b>SAM@FREIGHTTRUST.COM</b>	Carrier Code <b>N/A</b>	SCAC <b>PENDING</b>
GeTS Account Rep	GeTS Partner / Referral Account ID	
Billing Contact <input type="checkbox"/> Same as Main Contact		
Billing Contact Name <b>SAMEER IBRAHIMBACHA</b>	Billing Contact E-mail <b>SAM@FREIGHTTRUST.COM</b>	
Account User <input checked="" type="checkbox"/> Same as Main Contact		
Account User 1 Name	Account User 1 E-mail	
Account User 2 Name	Account User 2 E-mail	
Social Media Accounts (Check all that applies) <input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> Instagram <input checked="" type="checkbox"/> Twitter @FREIGHTTRUSTNET <input type="checkbox"/> YouTube		
SECTION 2: PAYMENT INFORMATION		
Please note we only accept the following payment methods: <input checked="" type="checkbox"/> Pre-authorized payment by Credit Card <input type="checkbox"/> Pre-authorized payment by Direct Debit ACH (Canadian banks only)  Once your account is setup, you will receive email instructions to register your credit card details online to complete the registration of your account. Your subscription will not be activated until this step is completed.		
SECTION 3: ACCOUNT SUBSCRIPTION		
<input type="checkbox"/> ACI Highway eManifest <input checked="" type="checkbox"/> ACE Highway eManifest <input type="checkbox"/> ACI Ocean eManifest <input checked="" type="checkbox"/> ACE Ocean eManifest		

## SECTION 4: SUBSCRIPTION PLANS

### ACI Highway eManifest

<b>VALUE</b> <b>\$19/mth</b> <i>Includes 6 transactions</i> <i>Additional transactions \$3.00 each</i>	<b>BASIC</b> <b>\$39/mth</b> <i>Includes 39 transactions</i> <i>Additional transactions \$1.00 each</i>	<b>LITE</b> <b>\$79/mth</b> <i>Includes 92 transactions</i> <i>Additional transactions \$0.85 each</i>
<b>eManifest Filing Service</b> <i>Send via Email/Fax</i> <i>\$10 per BL</i>	<b>eManifest Filing Service</b> <i>Send via Email/Fax</i> <i>\$10 per BL</i>	<b>eManifest Filing Service</b> <i>Send via Email/Fax</i> <i>\$10 per BL</i>
<b>PLUS</b> <b>\$149/mth</b> <i>Includes 212 transactions</i> <i>Additional transactions \$0.70 each</i>	<b>ENTERPRISE</b> <b>\$499/mth</b> <i>Includes 907 transactions</i> <i>Additional transactions \$0.55 each</i>	<b>PREMIUM</b> <b>\$999/mth</b> <i>Includes 2497 transactions</i> <i>Additional transactions \$0.40 each</i>
<b>eManifest Filing Service</b> <i>Send via Email/Fax</i> <i>\$10 per BL</i>	<b>eManifest Filing Service</b> <i>Send via Email/Fax</i> <i>\$10 per BL</i>	<b>eManifest Filing Service</b> <i>Send via Email/Fax</i> <i>\$10 per BL</i>
<p>*Includes mailbox for host-to-host EDI/XML integration</p> <p><b>Pay-per-use</b>  RNS Inbond arrival submission \$0.20 each  RNS Status Query submission \$0.20 each  Cover sheet fax forward \$0.15/page</p>		

### ACE Highway eManifest

<b>VALUE</b> <b>\$19/mth</b> <i>Includes 6 transactions</i> <i>Additional transactions \$3.00 each</i>	<b>BASIC</b> <b>\$39/mth</b> <i>Includes 39 transactions</i> <i>Additional transactions \$1.00 each</i>	<b>LITE</b> <b>\$79/mth</b> <i>Includes 92 transactions</i> <i>Additional transactions \$0.85 each</i>
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### ACI Highway eManifest Filing Service

<b>MONTHLY</b> <b>\$50/mth</b> <i>Includes 5 transactions</i> <i>Additional transactions \$8.00 each</i>	<input type="checkbox"/>
<b>Pay-per-use</b> Documents forward to broker \$0.15/page Cover sheet fax forward \$0.15/page	

### ACE Highway eManifest Filing Service

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<b>Pay-per-use</b> Documents forward to broker \$0.15/page Cover sheet fax forward \$0.15/page	

## SECTION 4: SUBSCRIPTION PLANS

## ACI OCEAN eManifest

<p><b>VALUE</b></p> <p><b>\$19/mth</b></p> <p><i>Includes 6 transactions</i> Additional transactions <b>\$3.00 each</b></p> <hr/> <p><b>eManifest Filing Service</b> Send via Email/Fax \$10 per BL</p>	<p><b>BASIC</b></p> <p><b>\$39/mth</b></p> <p><i>Includes 39 transactions</i> Additional transactions <b>\$1.00 each</b></p> <hr/> <p><b>eManifest Filing Service</b> Send via Email/Fax \$10 per BL</p>	<p><b>LITE</b></p> <p><b>\$79/mth</b></p> <p><i>Includes 92 transactions</i> Additional transactions <b>\$0.85 each</b></p> <hr/> <p><b>eManifest Filing Service</b> Send via Email/Fax \$10 per BL</p>
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## SECTION 4: SUBSCRIPTION PLANS

## ACE OCEAN eManifest

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## SECTION 4: LETTER OF INTENT

## ACE OCEAN eManifest

To participate in ACE OCEAN eManifest, U.S. Customs and Border Protection's (CBP) requires a letter of intent (LOI) from participants. You may download the LOI by selecting your line of business below.

Type of Trade Participant:

OCEAN CARRIER FREIGHT FORWARDER

The completed LOI must be printed on your company letter head.  
Upon receipt, GeTS will submit the LOI to CBP and it will take 2 weeks  
for your profile to be setup.

#### SECTION 5: AUTHORIZATION

By signing below, you acknowledge that you have full legal power to bind the subscriber, and you are agreeing to subscribe for the modules and services chosen in this agreement. You certify that the above information provided is correct and true and you agree to pay all charges, minimum charges and other charges (if any) incurred by the use of your user ID(s) and password(s) at rates in accordance with the Pricing Summary as above:

- ☒ I certify that I am authorized to act for and on behalf of this business.
- ☒ I have read and I agree to be bound by the "[Terms and Conditions](#)" of Use of GeTS applications in this agreement.

Signature SAM BACHA  
SAM BACHA (Jun 1, 2020 17:10 PDT)

E-mail SAM@FREIGHTTRUST.COM

Name of Authorized Person SAM BACHA

Title Founder



## ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION FOR ADVANCE COMMERCIAL INFORMATION (ACI)



New



Update

Date (yyyy/mm/dd)

2020-06-01

## Section 1 - ACI EDI Application

Select one line of business that applies to this ACI EDI application.



Highway Carrier



Air Carrier



Marine Carrier



Rail Carrier



Freight Forwarder



Warehouse Operator

Account  
Security  
Holder

## Section 2 - Company Profile

Legal Company Name		Operating/Trade Name (Leave blank if it is the same as Legal Company Name)		
FREIGHTTRUST AND CLEARING		..		
CBSA Issued client identifier (Associated to the line of business selected.)		CARRIER CODE (PARS):		
Are you an approved Customs self-assessment (CSA) carrier or importer?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Will you be transmitting customs information for CSA goods?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Head Office Address				
Street	City	Province/State Code	Country Code	Postal/Zip Code
1424 4th St Ste 214 PMB 1513	SANTA MONICA	CA	1.	90401
Business Office Address (Leave blank if it is same as Head Office Address)				
Street	City	Province/State Code	Country Code	Postal/Zip Code
..	..	..	..	..

## Contact Information

Last Name	First Name	Title
IBRAHIMBACHA	SAMEER	FOUNDER
eMail	Telephone:	Fax:
SAM@FREIGHTTRUST.COM	14237021413	818 457 5660
Language Preference	.. English	.. French

## Emergency After Hours Contact Information (The name of the person who can troubleshoot system issues)

Last Name	First Name	Title
..	..	..
eMail	Telephone:	Fax:
..	..	..
Language Preference	<input checked="" type="checkbox"/> English	<input type="checkbox"/> French

## Section 3 - Authorize an Agent (Leave blank if you are not authorizing any agent)

Complete this section if you have contracted the services of an Agent to act on your behalf. Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA is the sole responsibility of the client regardless of whether an agent is used. It is your responsibility to advise the CBSA should/when you wish to cancel authorization for this agent.

Legal Company Name	Operating/Trade Name	CBSA identifier of the Agent (if applicable)	
..	..	..	
Agent Contact Information			
Last Name	First Name	Title	
..	..	..	
eMail	Telephone:	Fax:	
..	..	..	
Do you authorize this agent to process customs information electronically for the CBSA on your behalf?		.. Yes	.. No
Do you authorize the CBSA to release to this agent, customs information transacted on your behalf by this agent?*		.. Yes	.. No
Language Preference	.. English	.. French	

\*Customs information released to the Agent or Service Provider will include any information related to the EDI client profile, electronic information transmitted or processed by the Agent or Service Provider and pre-arrival information required by the CBSA during monitoring or audit.

#### Section 4 - Authorize a Service Provider

Complete this section if you have contracted the services of a service provider to set up your EDI client profile and/or transmit customs information electronically to the CBSA. Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA is the sole responsibility of the carrier regardless of whether a service provider is used. It is your responsibility to advise the CBSA should/when you wish to cancel authorization for this service provider. A service provider may be any party that you contract to transmit electronic documents and/or receive messages from the CBSA. A service provider is not an Agent in that they are simply providing a mechanism for which you may transact electronic commerce with the CBSA. Note: It is your responsibility to ensure that your Section 12, Report of Goods is obtained for your own books and records.

Legal Company Name	Operating/Trade Name
GeTS eTrade (Canada) Inc.	Global eTrade Services (GeTS)

#### Contact Information

Last Name	First Name	Title
ARGOSINO	CLARICE	EXECUTIVE (ADMINISTRATOR)
eMail	Telephone:	Fax:
billingadmin@globaletrade.services	905-763-6887 X 208	905-763-2321

Do you authorize this service provider to process customs information electronically for the CBSA on your behalf?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Do you authorize the CBSA to release to this service provider customs information transmitted on your behalf by this service provider?*	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Language Preference	<input checked="" type="checkbox"/>	English	<input type="checkbox"/>	French
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\*Customs information released to the Agent or Service Provider will include any information related to the EDI client profile, electronic information transmitted or processed by the Agent or Service Provider and pre-arrival information required by the CBSA during monitoring or audit.

#### Section 5 - Software

Will you be using your own software to create electronic customs information?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Name of Software Provider	GeTS eTrade (Canada) Inc.
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#### Section 5a - Communications Protocol Method

Identify the communication protocol method that you intend to use or that the authorized agent and/or service provider is to use. You may select one or more communication protocol methods to transmit customs information to the CBSA. Complete the following for each communication method that will be utilized.

More information on the approved communication methods may be found at [www.cbsa-asfc.gc.ca/eservices/comm-eng.html](http://www.cbsa-asfc.gc.ca/eservices/comm-eng.html).

#### Section 5b - Customs Internet Gateway

Will you be using the Customs Internet Gateway?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Sender Identification (Client defined application sender ID as per the GS or UNG segment)	Certificate Number in Production	Certificate Number in Testing
N/A	N/A	N/A
N/A		

Mailbox ID (Partner ID, the ISA or UNB segment)	N/A	EDI map version		EDIFACT		ANSI
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#### Section 5c - Direct Connect or Value Added Network

Will you be using a Direct Connect or Value Added Network?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Name of Direct Connect or Value Added Network	Sender Identification (Client defined application sender ID as per the GS or UNG segment)
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GeTS eTrade (Canada) Inc.	U00495V1
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Mailbox ID (Partner ID, the ISA or UNB segment)	SUITE 260	EDI map version		EDIFACT	<input checked="" type="checkbox"/>	ANSI
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#### Section 6 - EDI Messages (must select one)

Please select from the list below, the EDI message(s) that you wish to add to your EDI client profile. You must select at least one of the message listed below

Name of Message	Line of Business the Message Applies to
<input checked="" type="checkbox"/> Cargo and conveyance documents	Carriers (marine, highway, rail, air)
<input type="checkbox"/> House bill document	Freight Forwarders
<input type="checkbox"/> Supplementary documents	Carriers (marine, air), Freight Forwarders
<input type="checkbox"/> Arrival document	Carriers (marine, air, rail), Warehouse operators
<input type="checkbox"/> Bay plan document	Carriers (marine)

#### Section 6a Document Notices (Check all the notices you would like to receive. Please note an acknowledgment will be sent automatically once CBSA receives your inbound document).

See chart in instruction below to know which notices are available.



Name of Notices		Primary Notify Party (PNP)	Automated Notify Party (ANP)	Secondary Notify Party (SNP)
<input checked="" type="checkbox"/>	All Notices (select this box if you wish to receive all notices available)	<input checked="" type="checkbox"/>		N/A
	Completeness Notices Matched/Not Matched/Cargo Complete/Document Package Complete		N/A	N/A
	Disposition Notices			N/A
	Reported			N/A
	Arrived			N/A
	Deconsolidation			N/A
	Document Not on File			N/A
	Authorized to Deliver			N/A
	Released			N/A
	Held for CBSA (Basic)			N/A
<input checked="" type="checkbox"/>	Manifest Forward Notice (This notice is received as a Secondary Notify Party and is currently only available on the House bill)	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Section 6b Profile: Please enter your Partner alias(es) as well as identify the document alias type for each.

Sender / Receiver ID (ISA/GS or UNB/UNG)		Format	
		GOV13A	ANSI7010
Return to Sender Mailbox ID	UNB: / UNG: U00495D1	<input checked="" type="checkbox"/>	
Alternate Mailbox ID			
Alternate Mailbox ID			
Alternate Mailbox ID			

### Section 7 – Remove a Company Contact

Last Name	First Name	eMail
[ ]	[ ]	[ ]

### Section 8 – Remove an Agent

Complete this section if you wish to cancel authorization for this agent.

Legal Company Name	Operating/Trade Name	CBSA identifier of the Agent (if applicable)
[ ]	[ ]	[ ]

### Section 9 – Remove a Service Provider

Complete this section if you wish to cancel authorization for this service provider.

Legal Company Name	Operating/Trade Name
..	..

### Section 10 - Certification

This form must be signed by an authorized person of the business such as an owner, a partner of a partnership, or a director of a corporation. By signing and dating this form, you authorize the CBSA to deal with the individual(s), or firm(s) listed in Sections 3 and/or 4 of this form.

Language Preference	Telephone	Fax	eMail
<input checked="" type="checkbox"/> English <input type="checkbox"/> French	14237021413	+1(818) 457 - 5660	SAM@FREIGHTTRUST.COM
Authorized Person's Name			Title
SAM BACHA			Founder
Signature SAM BACHA			Date (YYYY/MM/DD)
SAM BACHA (Jun 1, 2020 17:10 PDT)			2020-06-01

## RELEASE NOTIFICATION SYSTEM (RNS) APPLICATION FORM

### Section I – Applicant Information

#### Company Profile – select type of business:

Customs Broker		Warehouse Operator	
Freight Forwarder		Carrier	<input checked="" type="checkbox"/>
Other:			

Date of application	Jun 1, 2020
Name of applicant (company)	FREIGHT TRUST AND CLEARING
Company address City, province/state, country Postal/zip code	1424 4th St Ste 214 PMB 1513 SANTA MONICA CA USA 90401
Contact person and Title	SAMEER IBRAHIMBACHA FOUNDER
Telephone Number	+14237021413
FAX Number	+1(818) 457 - 5660
e-mail	SAM@FREIGHTTRUST.COM
Afterhours Contact Person and Title	ON-CALL OPERATIONS COORDINATOR
Afterhours Contact Telephone Number	+16282225915
Afterhours Contact E-mail	OPS@FREIGHTTRUST.COM
In which language would you like to be assisted	English <input checked="" type="checkbox"/> French <input type="checkbox"/>

**SAM BACHA** Freight Trust and Clearing Corporation **Founder**

\_\_\_\_\_  
Company Official's Name (printed)

  
SAM BACHA (Jun 1, 2020 17:10 PDT)

\_\_\_\_\_  
Company Official's Signature



## Section II – RNS Options

In the box below, indicate the option (s) for which you are applying, that is; Automatic Release Notification, Arrival Certification, Status Query or Automatic Status.

For Automatic Release Notification, up to two profiles can be defined;

- one for combinations of "all" codes,
  - and one for a specific set of codes.
- A. Indicate if "all" or only "specific" carrier codes are required in combination with an account security code. (Normally carriers provide their carrier code and account security holders indicate "all").
  - B. Indicate if "all" or only "specific" account security numbers are required in combination with the carrier codes requested. (Normally carriers indicate "all" and account security holders provide their account security code).
  - C. Customs office codes required. If not required for "all" offices, provide the "specific" office codes.
  - D. Sub-Location codes; identify required Warehouse Ids. The participant will only receive the sub-location code if it is supplied with the inbound EDI release transaction or paper release transaction.

Check (one or more)	Option	Carrier Code	Account Security Number	Office Number	Sub-Location Code
<input checked="" type="checkbox"/>	Automatic RNS Profile # 1		ALL	ALL	ALL
<input type="checkbox"/>	Automatic RNS Profile # 2 ( <b>optional</b> )				
<input type="checkbox"/>	Arrival Certification		ALL	ALL	ALL
<input checked="" type="checkbox"/>	Status Query		ALL	ALL	ALL
<input checked="" type="checkbox"/>	Automatic Status		ALL	ALL	ALL

*\*If more space is required to list specific carrier codes, account security numbers and/or office codes; please provide an attached list and indicate the relevant option.*

### SECTION III - COMMUNICATION METHOD INFORMATION

For more information on the approved communication methods, please consult the following link:  
[www.cbsa-asfc.gc.ca/eservices/comm-eng.html](http://www.cbsa-asfc.gc.ca/eservices/comm-eng.html)

<b>If your company will be using a service provider to exchange data with the CBSA, please complete this block</b>	
Name of service provider (if applicable)	GeTS eTrade (Canada) Inc.
Method of communication	<input type="checkbox"/> Customs Internet Gateway <input checked="" type="checkbox"/> Direct connect name: GeTS eTrade (Canada) Inc. <input type="checkbox"/> Value Added Network name:
Contact person	CLARICE ARGOSINO
Telephone	+1[905]763-6887 x 208
FAX	+1[905]763-2321
e-mail	billingadmin@globaletrade.services

<b>If your company will be exchanging data directly with the CBSA, please complete this block</b>	
Method of communication	<input type="checkbox"/> Customs Internet Gateway <input type="checkbox"/> Direct connect name: <input type="checkbox"/> Value Added Network name:

### SECTION IV - CONFIGURATION

Certificate number in production (if transmitting through Customs Internet Gateway)	
Certificate number in test (if client is testing and transmitting through Customs Internet Gateway)	
Sender identification (client defined, or transmission site if desired [U99999V1])	U00495V1 UNB: (GeTS to Assign) UNG: U00495V1
Mailbox ID	GeTS to Assign
Which map version will you be using?	96A <input checked="" type="checkbox"/> 99B
Requested implementation date	ASAP

#### Completed forms can be sent :

<b>by FAX:</b> (343) 291-5482	<b>by mail:</b> Manager, Technical Commercial Client Unit Program Business System Integration Canada Border Services Agency 355 North River Road, 6 <sup>th</sup> Floor, Tower B Ottawa, Ontario K1A 0L8	<b>via e-mail:</b> tccu-ustcc@cbsa-asfc.gc.ca
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