



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:

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