



EXPORT INFORMATION SHEET

This is **NOT** a Commercial Invoice

251 East White Hills Road, St. John's, NL, A1A 5X7

Phone: (709) 726-7596 Fax: (709) 726-7590

Shipper name:			
& Address:			
Contact Name:		e-mail	
		Tel #	
Consignee name:			
& Address:			
Contact Name:		e-mail	
		Tel #	
IRS Number *MANDATORY FOR SHIPMENTS TO THE USA* :			
Mode of Transport: (Check one box) --> <input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Ocean			
Specify any Preferred Carrier:		Specify	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect
Delivery to PFC Distribution Centre <input type="checkbox"/> You to Drop Off <input type="checkbox"/> PFC to Pickup Pickup Date:			
No. of Pieces:	Weight:	Dimensions:	
How Packed:	<input type="checkbox"/> kg <input type="checkbox"/> lbs	(LxWxH)	<input type="checkbox"/> cm <input type="checkbox"/> inches
Country of Manufacture:		If USA, Can you supply USA Manufacturer's Affidavit	
Are you providing a NAFTA Certificate for shipment? (If consignee in USA or Mexico)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there <u>DANGEROUS GOODS</u> in this shipment? (If yes provide Dangerous Goods Documents)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are There <u>CONTROLLED GOODS</u> in this Shipment? (if yes provide export permit)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you require PFC to arrange CUSTOMS CLEARANCE in <i>foreign country</i>? * (Duty and Tax will apply)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Please state the INCOTERMS of shipment: (if known) <input type="checkbox"/> EXW <input type="checkbox"/> FCA <input type="checkbox"/> CPT <input type="checkbox"/> DAP <input type="checkbox"/> DDP Other: _____			
Do you require PFC to arrange DELIVERY AT DESTINATION? *			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you require PFC to arrange INSURANCE for your shipment? *			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you require PFC to CRATE/PALLETIZE/SHRINK-WRAP your goods? *			<input type="checkbox"/> YES <input type="checkbox"/> NO
* Please note that above services WILL be charged to your account			
Does your wood packaging comply with Int'l Wood Packaging Material regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
For shipments to U.S.A. only - Where was wood packaging manufactured?			<input type="checkbox"/> Canada <input type="checkbox"/> U.S.A. <input type="checkbox"/> Neither
Quantity	Description of Commodity (include Serial, Model, Part #'s)	Unit Value	Total Value
			-
			-
			-
			-
			-
			-
			-
Please state CURRENCY of values provided:		TOTAL VALUE:	-
Reason for Export:		Are Goods Returning to Canada?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Info Supplied By:		Tel #	Fax #

PLEASE ENSURE ALL INFORMATION IS INCLUDED BEFORE BEING RETURNED

Last revised on April 6, 2015 (change by RG noted by BG)