



Date: _____

Invoice Number: _____

Export Information Sheet (Please provide all information):

Shipper Full Legal Name: _____ BN: _____
 Street Address: _____ Email: _____
 City/Province/Postal Code: _____
 Telephone No: _____ Facsimile: _____

Consignee Full Legal Name: _____ Fed ID: _____
 Street Address: _____ Email: _____
 City/Province/Postal Code: _____
 Telephone No: _____ Facsimile: _____

Importer or Record: Shipper Consignee Other - _____

Reason For Return: Not According To Order Defective Other - _____

Transportation:
 Preferred Carrier: CrossBorder Solutions Other - _____ Bill To Acct #: _____
 Mode Ground Air Other - _____
 Bill To Party Shipper Consignee Third Party - _____
 Import Fees (bill to party): Shipper Consignee Third Party - _____

Special Instructions: _____

Product Details :

Description of Goods	Part #	Country of Manufacture	Qty.	Unit Price	Extended Price

Canadian Import Details (if applicable) :

Canadian Entry Number: _____ Entry Date: _____
 Canadian Port of Entry: _____ Original Entry Attd: Yes or No _____

I/We certify that the above information to be true and correct and hereby authorize CrossBorder Solutions Inc. to arrange for the return of the goods described above.

 Title/Position Printed Name Signature

Note: Please return by facsimile (613) 968-1037 or email (imports@crossborder.net)