



entertainment
transportation
network, inc.

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customs information form

email this form to ETN ▶

Please provide the information shown below and return to ETN by email or fax. Thank you.

SHIPMENT SPECIFICATIONS

Client company _____
Pickup city _____ Pickup date _____
Delivery city _____ Delivery date _____

BORDER CROSSING AT _____ Crossing date _____

CUSTOMS BROKER, UNITED STATES SIDE

Company name _____
Address _____
City, State, Zip code _____
Contact name _____
Office phone _____ Remarks
Mobile phone _____
Fax number _____
Email address _____

CUSTOMS BROKER, CANADA/MEXICO SIDE

Company name _____
Address _____
City, Province, Postal code _____
Contact name _____
Office phone _____ Remarks
Mobile phone _____
Fax number _____
Email address _____