



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 _____