



IN-BOND COVERSHEET

Please complete all fields to ensure timely and accurate submission.

Type of bond (check one):	Shipment Control Number _____
____ IT Bond	Manifested Qty/Unit _____
____ T&E Bond	Manifested Weight _____
____ IE Bond	Description of goods _____
	Reference Number _____

US Port of Crossing _____

In-bond destination port _____

Destination FIRMS Code _____

Notify Party (name, address and phone number for party responsible for bond):

Special Instructions:

Carrier contact info:

Phone _____

Email _____

Corporate Office: 1010 Niagara St, Buffalo, NY 14213

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