

To: BCB International, Inc. Pre Arrival Processing Request Cover Sheet

Date/Time:	No. of Pages	(Including cover page)
SCAC Code:	PAPS #:	
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Sender's Phone #:	Driver's	Cell #:
Driver's Name:		
Send Driver SMS Text Message With the Customs Entry #:	Driver's Service	Cell Provider:
CHECK THE STATUS OF YOUR PAR	S SHIPMENT ONLIN	IE AT WWW.BCBINTERNATIONAL.COM
BCB's corporate office in Buffalo, NY is now on order to better serve you, we are now encorentralized email: paps@bcb1.com or fax 716	ouraging all carriers to	
		PORT BELOW BEFORE FAXING
DOCUMENTS RECEIVED LACKING F	ORT OF ARRIVAL II	NFORMATION CANNOT BE PROCESSED **
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OTHER PORT:		
All ports of cr	ossing fax to (7	16)884-5703

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