



**ARGO
CUSTOMS**

Canadian Customs Brokerage

Toronto (647) 832-7433, Ottawa (613) 900-2322

Montreal (514) 600-4771, Vancouver (250) 980-3727

Unit 201-60 Collier St., Barrie, Ontario, L4M1G8

FAX (888) 411-6034, Email: info@argocustoms.com

Agency Agreement - Non Commercial Exportation/Importation

The purpose of this Agreement is to authorize Argo Business Corp. (Licensed Canadian Customs Broker, Business number export/import account 817688229 RM 0001) to transact the ONE TIME exportation/importation with Canada Border Service Agency:

- a) Accounting and payment of duties & taxes in section 32 of the Customs Act at all customs offices in Canada. (Only a licensed customs broker can be authorized to act as an at section 32 of the Customs Act.)
- b) Process entries via CBSA CARM portal
- c) Accessing Business Number import/export account information
- d) Assistance with Canadian Participating Government Agencies (PGA) regulations compliance
- e) Appointing sub-agents (An agent is considered in law to represent the principal in such a way as to be able to affect the principal's legal position. However, the principal remains liable for any transactions completed on its behalf by its agent.)

Any information provided to a Customs Broker from a client side shall be true, accurate and complete.

Legal Name: _____

Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Business Number export/import account is not required for casual personal noncommercial one-time exportation/importation.

Phone : _____ **Fax:** _____

Email : _____ **Contact:** _____

Signature : _____ **Date:** _____



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Master Carrier Authority

TO: All Carriers

ATTN: IMPORTS & CUSTOMS CLEARANCE DEPARTMENTS

Effective immediately we have appointed ARGO BUSINESS CORP as our Canadian Customs Broker.

Please send all arrival notices and other documents covering shipments for our account directly to **ARGO BUSINESS CORP** by fax **1-888-411-6034** or e-mail: **info@argocustoms.com** in order that they can effect customs clearance at all ports of entry in Canada.

Company name: _____

Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone : _____ **Fax:** _____

Signature : _____ **Date:** _____