

AUTOMATED BROKER INTERFACE (ABI) LETTER OF INTENT

This document serves as the 'Letter of Intent' to participate in ABI with Customs and Border Protection through the service provider herein stated.

Company Name: _____ wish to participate in "ABI" as a **Foreign Trade Zone (FTZ) Operator**.

SECTION I: GENERAL CLIENT INFORMATION

Date: _____

Company Name: _____

Business Address: _____

City: _____

Province/ State: _____ Postal/ Zip Code: _____

Country: _____

Company Contact Name: _____
(Business Contact in the U.S.)

Telephone Number: _____ Fax/ Telex: _____

Company E-mail: _____

Technical Contact Name: _____
(If different from Business Contact)

List any other CBP automated systems (including the ACE Portal) in which your company is currently operational or testing. For each system, provide your company's account identifier (SCAC, ICAO, ABI filer code, ACE ID, etc.) and the name of your assigned Client Representative.

SECTION II: PROCESSING INFORMATION

Filer Code: _____

If you intend to file entries, you must include your filer code on the LOI. A filer code must be obtained through the local CBP port office. They will guide you through the necessary steps to obtain a filer code. If you are not filing entries and do not already have filer code assigned, a Client Representative will assign one to you.

I do not have filer code. Please assign a filer code to my company.

FTZ Board Approval Date: _____

GPZ ID and subzone site or GP site ID: _____

CBP Activation Date: _____

Type 4 FTZ Bond Number: _____

Facility Type 2 (FTZ) FIRMS Code: _____

Indicate if you will transmit QP/WP, QX/WX, or any type o6FTZ Entry Summaries

Note:

- The local CBP port office must have completed the inspection of the FTZ
- Verify with the local CBP port office that your FTZ information has been activated in ACE and your Type 4 bond is associated to the FIRMS code
- All background checks must be completed

SECTION III: SOFTWARE VENDOR

GeTs eTrade Canada Inc.
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Richmond Hill, Ontario L4B 1J8
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Contact Name: Clarice Argosino
Tel: (905) 763-6887 x 208
Email: crimsonlogicbilling@crimsonlogic.com

CBP Identifier/Transmitter ID: **0901SY2**
Data communications method: **MPLS**
Programming Message Type: **CATAIR**

I, _____ of _____
(Name printed) (Registered Company Name)

Agree to abide by and meet the established standards and conditions of Customs and Border Protection in ABI. I declare that all statements made herein are true and correct and that all information transmitted will be true, accurate and complete.

Signature: _____

Date: _____