

ONE TIME POWER of ATTORNEY

TO: CANADA CUSTOMS AND REVENUE AGENCY

PORT OF: _____

WE HEREBY AUTHORIZE TRADERS CUSTOMS BROKERAGE LTD. TO CLEAR THE FOLLOWING SHIPMENT(S) THROUGH CUSTOMS ON OUR BEHALF:

DATE of INVOICE: ____ / ____ / ____

NAME and ADDRESS of EXPORTER: _____

VALUE of GOODS:

NAME of IMPORTER:

SIGNATURE:

TITLE:

ADDRESS:

BUSINESS NO:(GST REGISTRATION NO.) _____

AUTHORIZATION for CREDIT CARD PAYMENT

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____

TYPE OF CREDIT CARD: _____

NAME on CREDIT CARD: _____

SIGNATURE: _____

DESCRIPTION of SHIPMENT(S)

INVOICE AMOUNT