



ACE Electronic Truck Manifest Fax Cover Sheet

Single Shipment Cover Sheet

Trip Number: _____

Port of Entry: _____ Date/ Time of Arrival: _____

Carrier Name _____

Carrier Contact: _____ Carrier Phone Number: _____
(Please list someone BCB can contact with any questions regarding your shipment)

Driver's Name: _____

Truck License Plate Number & State: _____

Trailer Plate Number & State (if applicable): _____

Trailer Number: _____

Shipment Control Number: _____

Number of Pieces: _____
(Lowest external packaging i.e. boxes, cartons)

Number of pages including cover sheet: _____

All documents should be emailed to paps@bcbinternational.com or faxed to BCB International, Inc. at 716-884-5703. Any questions please call 716-884-1554.

