

General Consulting Form

	·				
Name: Address:					
City:Pr	ovince/State:	Postal/Zip	Code:		
Phone:	Fax:	Email			
PLEASE SELECT CONSULTIN	IG SERVICE(S) YOU ARI	E INTERESTED IN:			
VALUATION GUIDANCE			ANTI-DUMPING & COUNTERVAILING DUTY ADVISORY		
COUNTRY OF ORIGIN DETERMINATION & MARKING REQUIREMENTS			TEMPORARY IMPORT BONDS		
DUTY DRAWBACK CONSULTATION			PGA REQUIREMENTS		
TRADE COMPLIANCE AUDITS & ASSESSMENTS			SECTION 321 (DE MINIMIS) ADVISORY		
IMPORT DOCUMENTATION REVIEW			ADMISSIBILITY CONSULTING		
FREE TRADE AGREEMENT (FTA) QUALIFICATION & COMPLIANCE			POST ENTRY SERVICES	POST ENTRY SERVICES	
Please provide a summary					
By signing below, you acknow purposes only and is not bind					
Signature		Printed Name		Date	
Please email the reques	ted information abov	e to complianceteam	@aacbusa.com		
Note: The accuracy of cois advisory only and is not			ne information provided ab	pove. This consultation	
	N	lethod of Payn	nent		
Visa MasterCard A	merican Express				
Number:					
Expiry Date:					
Name on Card: Signature:					

Tariff Consultation Fee is US \$200.00 per hour (Minimum US \$200.00)

* Est. charges will be confirmed prior to processing payment on your card.