Business Number – Import-Export Account Information



Fill in this form if you have a business number (BN) and you need to open an import-export program account for commercial purposes. (You do not need to register for an import-export account for personal importations). Complete a separate form for each branch or division of your business that requires an import-export account for commercial purposes. Once filled in, send this form to your tax centre. The tax centres are listed at www.cra.gc.ca/taxcentre and in Booklet RC2, The Business Number and Your Canada Revenue Agency Program Accounts. For more information, go to www.cra.gc.ca/bn or call 1-800-959-5525.

and Tour Canada Nevenue Agency Pro	<u> </u>	, 0			00-333-33 <u>2</u> 3.		
1 Business information (for a co	orporation, enter	the name and address	of the head o				
Name				Busin	ness number	Language of correspondence	
					<u> </u>	English French	
Operating, trade or partnership name (if different from name above). If you have more than one business or if your business operates under more than one name, enter the names here. If you need more space, include the information on a separate piece of paper.							
If you want to use a separate name f	or your import-ex	xport account, enter tha	at name here.				
Physical business location					City		
Province, territory or state			Country			Postal or Zip Code	
Mailing address (if different from phy c/o	rt purposes.		City	ity			
Province, territory or state			Country			Postal or Zip Code	
Contact person – Please provide the name of a contact for registration purposes only (the contact name provided will not be considered an authorized representative). If you wish to authorize a representative to deal with the Canada Revenue Agency (CRA) about your BN program accounts, complete Form RC59, Business Consent. For more information, see Booklet RC2, The Business Number and Your Canada Revenue Agency Program Accounts.							
Title		First name			Last name		
Work telephone number	lelephone number Ext. Work fax number			Mobile telephone nu	ımber	Pager number	
2 Import-export information							
Type of account:							
Specify up to three main products or services that you provide and the estimated percentage of revenue they each represent.							
						%	
4 Certification							
All businesses must complete and sign this part in order for the form to be processed. After you register your CRA program account we may contact you to confirm the information you provided. At that time we may ask you to provide more information. Having complete and valid information on file for your business allows us to serve you better. The individual signing this form is:							
an owner a corporate d			irector		a trus	a trustee of an estate	
a partner of a partnership an officer of a			a non-profit o	on-profit organization a third party requestor			
First name:				Last name:			
Title:			Telepho	ne number:			
I certify that the information given on this form is correct and complete.							
Signature:		•			Date (YYYY-MM-I	OD):	

Privacy Act, personal information bank number CRA PPU 223

