

CUSTOMER DATA SHEET

☐ INDIVIDUAL ☐ COR	PORATION	PARTNERSHIP	☐TRADE NAME ☐ OTHER <see notations=""></see>
LEGAL NAME FOR I MPORTATONS		<u>D/B/A:</u>	INSTRUCTIONS TO DATA FILLER:
			Submit C.F. 5106
			Bond Query
			☐ Master File ☐ Yes ☐No
PRING	CIPAL ADDRESS		POSTAL ADDRESS
			_
		0.1	
Zip Code			Zip Code
OFFICE TELEPHONES HOME TELEPHONE		PERSONS IN CHARGE OF IMPORTATIONS AND PAYMENTS	
Main: Other: Relative		Principal:	
Other:	Relativ	<u> </u>	Position:
Extension:			Other
<u>Fax:</u> E-Mail:			Position: Payments:
E-IVIAII.			Position:
CORPO	DRATION DETAILS		INDIVIDUAL TRADE NAME PARTNERSHIP (DETAILS)
President:			Principal:
Vice Pres:			Partner:
Secretary:			Other:
Treasurer:			S.S. No.:
Corp. IRS No.:			I R S No.:
Doing Business under the laws:			POWER OF ATTORNEY
CUSTOMS BOND	B(OND QUERY YES	☐ Yes ☐ No ☐ Requested
Yes No	Will apply for b		·
Bond Number:	□Yes□		IF REQUESTED FILL OUT PROPER BOX BELOW
Bona Hambon	Will apply for		Original form duly filled to importer for signatures
Bond Amount:	☐ Yes ☐		Donginal form dary filled to importer for signatures
20.147.11.104.11.1	Actually in ACI		□Fax □ Mail by:
S/C:	□Yes□	No	Fax Li Maii by.
E / D:	ACH Payers (Code	NOTICE: NO SHIPMENTS WILL BE HANDLED WITHOUT THE
			POWER OF ATTORNEY ON HAND. (ORIGINAL OR FAXED
BILLING AGREEMENTS			COPY) THE OFFICER THAT FILLS OUT THIS FORM WILL BE
Bill To: Importer Code No:			RESPONSIBLE FOR THE FINAL RECEIPT OF THE ORIGINAL
Bill To Second Party ☐U.S. Broker ☐Other Second Party Name & Address / Code #:			P/A DULY COMPLETED AND SIGNED.
Second Party Name & Address / C	Jode #:		OTHER COMMENTS AND REMARKS
			_ Type of Business:
	Zip	Code	_ Items Imported:
Attn:			Various:
Billng Rates Agreed:			
Flat Rate \$			Tauahla Tau Fasa D Dutiahla
Flat Rate \$			☐ Taxable ☐ Tax Free ☐ Dutiable ☐ Duty Free
Rate Based on Valuation:		\$	Former Broker:
Full Rate Minimum \$		\$	Shipments Per Year:
Maximum \$	OI 10 \$	\$	Containers Per Year:
	MAXIMUM	\$	Other Comments and Remarks:
Other Charges:			
		7	
		12	-
	5 16_		
Other:	00 \Barackarpsi \$3.00 x \$1 0	000	
Duties: Sond: Wiln \$ \$ \$4.	Request ch		IMPORTER ADVISED OF C.D. 3590-01, OTHER CUSTOMS
Taxes: Yes No	Bonded [REQUIREMENTS / REGULATIONS AND SHIPMENTS
Freight: Yes No	Bond or Exempt		DOCUMENTATION INSTRUCTIONS YES NO
Trucking: Trucking: Trucking: Trucking:	No		Interviower
Trucking.			Interviewer:
			Date: