

IMPORTER PROFILE

Company Name:				-
Physical Address:				
Telephone:Fax:We	ebsite:		_	
Contact Name(s) with E-mail Addresses:				
//				
IRS # PA	ACA License: Yes	No		
Bond: Yes No				
*If no, would you be interested in a continuous Bo	ond? Yes	No		
Is your company related to any of your shippers?	Yes	No		
Use attachments if necessary				
Does your company file reconciliation entries?	Yes	No		
Are you C-TPAT certified? Yes _ No _ *If yes	please provide S\	/I number:		
Are you participating in any other supply chain se	curity program?	Yes	No	
If yes, please name		<u> </u>		
**include certifications and attachments as necess	sary			
Business References:				
Professional Associations:				
Do you require cargo insurance?	Yes	_ No	_	
Please list any special requirements:				
Completed by:				
Signature:			Date:	
Please provide your photo identification				

Global Customs Brokers - U.0S.A

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