

IMPORTER PROFILE

Company Name: _____

Physical Address: _____

Telephone: _____ Fax: _____ Website: _____

Contact Name(s) with E-mail Addresses: _____
_____ / _____
_____ / _____

IRS # _____

PACA License: Yes ___ No___

Bond: Yes _____ No _____

*If no, would you be interested in a continuous Bond? 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 SVI number: _____

Are you participating in any other supply chain security program? Yes___ No__

If yes, please name _____

**include certifications and attachments as necessary

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