## CUSTOMS POWER OF ATTORNEY

| Check appropriate box: |  |
| :--- | :--- |
| $\square$ | Individual |
| $\square$ | Partnership |
| $\square$ | Corporation |
| $\square$ | Limited Liability Company |
| $\square$ | Sole Proprietorship |

## EIN./Social Security No/CBP Assigned No:

$\qquad$
Sole Proprietorship

KNOW ALL MEN BY THESE PRESENTS: That, (1)
(Full name of Individual/Partnership (list all partners)/Corporation/Limited Liability Company/Sole Proprietor)
Grantor; a corporation doing business under the laws of the State or Province of (2)
(For Corporation Use Only: Please indicate State or Province of incorporation)
having a principal place of business at (3)
(For Corporation Use Only: Please indicate business address)
or a (4)

> (Please fill in Individual/Partnership/LLC/Sole Proprietor)
doing business as (5)
(Please indicate your "doing business as" company name)
and located or residing at (6)
(Residential address of signer, not applicable for corporation)




 in connection with such merchandise; to receive any merchandise deliverable to said grantor;



 for filing in any customs district;




 unlading, or operation of any vessel or other means of conveyance owned or operated by said grantor;

 nonresident of the United States, to accept service of process on behalf of the grantor;




 partnership, the said power shall in no case have any force or effect after the expiration of 2 years from the date of its execution.

 for his services in accordance with Customs Regulation 111.36(c).
 form upon request.

The grantor acknowledges receipt of our Terms and Conditions of Service governing all transactions between parties.

IN WITNESS WHEREOF, the said (7)
(Name of Individual/Partnership(list all partners)/Corporation/Limited Liability Company/Sole Proprietor)
has caused these presents to be sealed and signed: (8) $\qquad$ (9)
(Signature)
(Type or print name of party signing Power of Attorney)
(10) Capacity / Title:
$\square$ President $\square$ Vice President $\quad \square$ Chief Executive Officer $\square$ Chief Operation Officer $\square$ Chief Financial Officer $\quad \square$ Secretary $\quad \square$ Treasurer
$\square$ Member of LLC (Articles of Organization of LLC Designates the Company as member-managed company)
$\square$ Manager of LLC (Articles of Organization of LLC Designates the Company as member-managed company)
$\square$ Partner $\quad \square$ Owner (individual)
(11) Date
(12) Phone:
(13) Email:

If you are the importer of record, payment to the broker will not relieve you of liability for customs charges in the event the charges are not paid by the broker. Therefore, if you pay by check, customs charges may be paid with a separate check payable to the "U.S. Customs Service" which shall be delivered to Customs by the broker. Importers who wish to utilize this procedure must contact our office to arrange timely receipt of any checks.

## CERTIFICATION BY NONRESIDENT CORPORATION

I, (14) $\qquad$ certify that I am the (15)Capacity / Title(of the second Officer):
$\square$ President $\square$ Vice President $\quad \square$ Chief Executive Officer $\quad \square$ Chief Operation Officer $\quad \square$ Chief Financial Officer $\square$ Secretary $\quad \square$ TreasurerMember of LLC (Articles of Organization of LLC Designates the Company as member-managed company)Manager of LLC (Articles of Organization of LLC Designates the Company as member-managed company)
$\square$ Partner $\square$ Owner (individual)
of (16) $\qquad$ , organized under the laws of the (17) $\qquad$
that (18)
(Name of Corporation)

> (Name of signer of Power of Attorney)
the (19) $\qquad$ of said corporation, and that the signer was given the authority to sign powers of Attorney on behalf of the corporation.

IN witness whereof, I have hereunto set my hand at the city of (20) $\qquad$
(Date) (21) $\qquad$ (22)
(Signature of the second Officer)

## Power of Attorney:

1) Show full name of individual, partnership, corporation, limited liability company, or sole proprietor (Note: In the case of a partnership, please identify the full name of each of the partners).
2) If corporation, complete state or province of incorporation
3) Corporate address
4) If other than corporation, specify individual, partnership, limited liability company or sole proprietorship
5) Company name, if other than corporation
6) Official address of business, if other than corporation
7) Name of individual, partnership, corporation, limited liability company, or sole proprietor
8) Signature

- If corporation, must be signed by President, Vice President, Secretary, Treasurer, Chief Executive Officer, Chief Financial Officer or Chief Operating Officer. Other person signing for corporation MUST be authorized by resolution of the Board of Directors (please provide a copy of the corporate resolution).
- If Limited Liability Company ("LLC"), the articles of organization must contain either of the following statements:
(a) Management of the LLC is vested in a manager or managers;
(b) Management of the LLC is reserved to the members.

If management of the LLC is vested in a manager or managers, a manager's signature is required. If management of the LLC is reserved to the members, a member's signature is required.

- If partnership, any one of the general partners may sign the power of attorney in the name of the partnership

9) Type or print name of party signing power of attorney
10) Title of party signing power of attorney

- If corporation, title of signatory must be the President, Vice President, Secretary, Treasurer, Chief Executive Officer, Chief Financial Officer or Chief Operating Officer. Other person signing for corporation MUST be authorized by resolution of the Board of Directors (please provide a copy of the corporate resolution).
- If Limited Liability Company, title of signatory must be an authorized manager or member in accordance with the Articles of Organization.

11) Date executed
12) Primary Telephone
13) Primary Email

Non-resident certification:
14) Type name of party signing non-resident certification

Must be made by an officer other than the officer who executed the power of attorney. If only one signing authority, note "sole signing officer" next to above signature
15) Title of party
16) Name of corporation
17) Province, State of that country
18) Name of signer of the power of attorney form
19) Title of signer of power of attorney form
20) City in which corporation is located
21) Date certification was executed
22) Signature

