



Customer Intake Form

General Information

Date:		Referred by:	
Type of Business Structure: <input type="checkbox"/> Corporation / <input type="checkbox"/> LLC / <input type="checkbox"/> Partnership / <input type="checkbox"/> Sole Proprietorship / <input type="checkbox"/> Individual <input type="checkbox"/> Other (Describe)		State of Incorporation/Formation:	
Full Company Name:			
dba:		Years in Business:	
IRS /SSN:		D&B No.:	
Telephone:		Fax:	Website:
Type of Company: <input type="checkbox"/> U.S. Importer <input type="checkbox"/> Foreign Manufacturer /Importer <input type="checkbox"/> Carrier			
Physical Address: (no PO boxes)		Mailing Address:	

A/P Contact Information

Billing Address:			
		Phone #:	Fax #:
		E-mail:	

Bank References

Bank Name:		Phone:	Fax:
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Primary Contact Information

Principal / Partner / Officer / Owner Information

Name:		Name:	
Title:		Title:	
Home Address:		Home Address:	
Phone:		Phone:	
E-mail:		E-mail:	
<input type="checkbox"/> Driver License		<input type="checkbox"/> Driver License	
<input type="checkbox"/> Passport		<input type="checkbox"/> Passport	



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TRADE REFERENCE

Provide at least three
PRINCIPAL FOREIGN SUPPLIERS

<u>Company Name:</u>	<u>Contact Person:</u>
<u>Address:</u>	<u>Telephone:</u>
	<u>E-mail:</u>
	<u>Product:</u>
	<u>FDA Registration #:</u>

<u>Company:</u>	<u>Contact Person:</u>
<u>Address:</u>	<u>Telephone:</u>
	<u>E-mail:</u>
	<u>Product:</u>
	<u>FDA Registration #:</u>

<u>Company:</u>	<u>Contact Person:</u>
<u>Address:</u>	<u>Telephone:</u>
	<u>E-mail:</u>
	<u>Product:</u>
	<u>FDA Registration #:</u>



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Provide at least three
PRINCIPAL CUSTOMERS (CONSIGNEES)

Company:	Contact Person:
Address:	Telephone:
	E-mail:
Tax ID/SSN:	Product:

Company:	Contact Person:
Address:	Telephone:
	E-mail:
Tax ID/SSN:	Product:

Company:	Contact Person:
Address:	Telephone:
	E-mail:
Tax ID/SSN:	Product:

Security Programs Certification Information

Are you C-TPAT certified (Customs-Trade Partnership Against Terrorism)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide Standard Verification Interface Number (SVI) :	
Validated by U.S. Customs <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of validation:
Are you Certified in a C-TPAT equivalent? NEEC (Nuevo Esquema de Empresa Certificada) Security program administrated by Mexican Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Provide Copy of Certificate. <input type="checkbox"/>	
Are you Certified in any other security Program?	
Business Anti Smuggling Coalition (BASC) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Importer Self Assessment Program (ISA) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	



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RIGHT TO MAKE ENTRY

Please indicate the financial Interest you hold for products being Imported

- Owner of Goods
- Purchaser of Goods
- No Financial Interest in transaction

For information on Right to Make Entry click here: [Right to Make Entry Directive](#)

Customer Acknowledgement: _____ Date: ____/____/____

EFR-CHB Acknowledgement: _____ Date: ____/____/____

For EFR-CHB Use Only

Date:	Print name:	Signature:
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