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Client Profile

Thank you for choosing Bruning International Corp as your International and Domestic logistics provider. In order to ensure proper invoicing and delivery procedures, we request all new customers to complete and sign form below.

IRS#/EIN# _____

Legal Company name: _____

Doing business as: _____

Years in Business _____ Number of Employees _____

Company C-TPAT Certified Yes No

Does your company ships any Hazardous Material Yes No

Does your company have any pending issues with Customs or any other government agencies? Yes No

If answer if is yes, please explain. _____

ECCN# of products shipped _____

Special Cargo Handling requirements _____

Please advise if any commodity being imported is subject to AntiDumping/Countervailing Duty Yes No

If yes, please advise the ADD/CVD # _____

Shipping Contact Name _____
Ph: _____ Fax _____ Email _____
Shipping address _____
Shipping Hours _____

Receiving Contact name _____
Delivery address _____
Ph: _____ Fax _____ Email _____
Receiving Hours _____

Special Cargo handling _____

Importing

Commodity _____ Harmonized Tariff # _____ (10 digits)

Commodity _____ Harmonized Tariff # _____

Commodity _____ Harmonized Tariff # _____

Commodity _____ Harmonized Tariff # _____

Exporting

Commodity _____ Schedule B# _____ (6 digits)

Commodity _____ Schedule B# _____ (6 digits)

Commodity _____ Schedule B# _____ (6 digits)

Commodity _____ Schedule B# _____ (6 digits)

FDA Facility Registration # Shipper _____

FDA Facility Registration # Importer _____

(please list product name along with FDA code if applicable)

FDA Product Codes _____

Commodity Name

FDA CODE

Profile complete by: _____ Capacity _____ Date: _____

Signature /Print