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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