



www.bruninginternational.com

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Client Profile

Please fill this form out completely with all that applies

Thank you for choosing Bruning International Corporation as your international and domestic logistics provider. In order to ensure proper account set up, invoicing details and delivery procedures, we request all new clients to complete and sign the below document.

IRS/EIN # _____

Legal Company Name: _____

Doing Business As: _____

Corporation ___ Partnership ___ Individual ___ LLC ___ Proprietorship ___ U.S. Government ___

Years In Business: _____ Number of Employees: _____

Company C-TPAT Certified ___ YES ___ NO

If YES please provide C-TPAT number: _____

Does your company ship hazardous material ___ YES ___ NO

Does your company have any pending issues with Customs or any Government Agencies ___ YES ___ NO

If YES please explain:

Shipping Contact Name _____

Phone: _____ Fax: _____

E-mail: _____

Shipping Hours: _____

Receiving Contact Name _____
Phone: _____ Fax: _____
E-mail: _____
Receiving Hours: _____

Delivery Address
Company Name: _____
Street: _____ Town: _____
State: _____ ZIP Code: _____

Please list the officer of the company responsible to executing customs documents. Please note employees capable of executing these documents as highlighted below.

CEO, CFO, COO, President, Vice President, Treasurer Managing Partner, Owner, Legal Counsel

Company Officer Name _____
Phone: _____ Fax: _____
E-mail: _____
Working Hours: _____

Billing Contact Name _____
Phone: _____ Fax: _____
E-mail: _____
Working Hours: _____

Imports

Special Cargo Handling: _____

Commodity Importing: _____

Tariff Classification: _____

Country of Origin: _____

Exports

Commodity Exporting: _____

Tariff Classification: _____

ECCN# of products shipped: _____

Special Cargo Handling Requirements: _____

***** Antidumping Countervailing Duty *****

Does your company import any items currently with an open antidumping or countervailing duty case?

___ YES ___ NO

If so please advise the product, classification, manufacture, and case number. Please provide any further details below.

If you are unsure if you qualify for any open antidumping or countervailing duty cases please take the time to research this through the below link with the Department of Commerce.

<http://trade.gov/enforcement/operations/>

Bond

Does your company have a continuous bond: ___ YES ___ NO

Would you like Bruning International to file for a continuous bond on your behalf ___ YES ___ NO

Bond Amount _____

Estimated value of imports for last calendar year: _____

Estimated duties from last calendar year: _____

FDA or OGA Importers

Does your company deal with FDA or another OGA (Other Government Agency) Y ___ N ___

If so do you have all the required documentation and required information for your product Y ___ N ___

If no please enquire with a Bruning Official prior to booking your shipment.

If you are and FDA importer do you have your FDA Registration Number # _____

Does your manufacture have this FDA Registration Number # _____

If not please apply prior to booking your shipment, website listed below

<https://www.registrarcorp.com/>

Please sign and date the below. Once this form is complete please send a copy back to our office.

Profile completed by:

Sign: _____ Print: _____

Capacity: _____ Date: _____