

**IMPORTER PROFILE**

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name(s) with E-mail Addresses: \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

IRS # \_\_\_\_\_

PACA License: Yes \_\_\_ No\_\_\_

Bond: Yes \_\_\_\_\_ No \_\_\_\_\_

\*If no, would you be interested in a continuous Bond? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your company related to any of your shippers? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*Use attachments if necessary\*\*\*

Does your company file reconciliation entries? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you C-TPAT certified? Yes \_\_\_ No \_ \*If yes please provide SVI number: \_\_\_\_\_

Are you participating in any other supply chain security program? Yes\_\_\_ No\_\_

If yes, please name \_\_\_\_\_

\*\*include certifications and attachments as necessary

**Business References:** \_\_\_\_\_  
\_\_\_\_\_

**Professional Associations:** \_\_\_\_\_

Do you require cargo insurance? Yes \_\_\_\_\_ No\_\_\_\_\_

Please list any special requirements:  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please provide your photo identification\*\*