

# The Jamco Group

## New Customer Exporter Questionnaire

<b>Port of Entry:</b>		<b>Date:</b>	
<b>Mexico Importer of Record (FIOR):</b>			
Company Name			
Primary Address:			
Tax ID / Social Security No.:			
RFC NO.:			
Contact Name / Position:			
Phone:			
Email:			
Commodity:			
Years in Business:			
C-TPAT SVI Number:			
Is MX company registered as an "Empresa Certificada" or "NEEC" Program:			
<b>US Exporter:</b>			
Name:			
Address:			
Contact Name / Position:			
Phone:			
Email:			
C-TPAT SVI Number:			
Will AES Filings be Routed or Non-Routed Transactions (POA will be required):			

General Questions	
Is the FIOR related to the US Exporter?	
What are the terms of sale (Incoterm)?	
Does your product qualify for Nafta?	
Is the product marked with the country of origin?	
Will your product be used for production/assembly in Mexico?	
Will your product be sent to Mexico as a Definite Export?	
What is the estimated values on the invoice?	
Who will be your primary transportation line?	
Is your freight insured?	
Do you need warehouse and distribution services?	
General Questions - Finance	
Who will be responsible for payment to Jamco?	
Has Customer Profile & Invoice been completed?	
Does FIOR utilize PECA (pago electronico centralizado aduandero)?	
Who will be responsible for duties upon clearance?	
If Jamco outlays duties, has customer been made aware of the finance fees?	
COMMODITY Details:	
Detailed Product Description:	
Provide HTS or Product:	
Does a binding ruling exist from SAT?	
Detailed Packaging Information:	
Does Packaging get documented on Mexican entry?	
Detailed List of Ingredients and corresponding percentages:	
Does the commodity pertain to the oil, gas, exotic leathers, toys, textile, trademark industries?	
Does product require special Permits or Licenses?	
Are pictures of the product available?	
Has product been exported into Mx before?	
REFERENCES	
Name:	
Company Name:	
Phone:	

Name:			
Company Name:			
Phone:			
<b>Signatures</b>			
By submitting this questionnaire, I hereby certify that the information given by me in completing this questionnaire is true and correct to the best of my knowledge. Should significant changes occur in our program, we will provide Jamco International, Inc. notification in writing of these changes.			
Name of individual completing form (please print):			
Title:			
Signature:			
Date:			
<b>OFFICE USE</b>			
References Verified:			
Tax ID / D&B Verified:			
Company address verified using Google Satellite Maps at origin:			
Company address verified using Google Satellite Maps at destination:			
SVI Verification Added to Portal:			
Company referral (List) or New:			
Other Comments:	Low - Approved	Medium – Approved w/comments	High - Reject
Risk Assessment (Check One):			
Risk Assessment Comments:			
Revised by:			
Date:			