

The Jamco Group

New Customer Importer Questionnaire

Port of Entry:		Date:	
Importer of Record (IOR):			
Company Name			
Primary Address:			
Tax ID / Social Security No.:			
Dun & Bradstreet No.:			
Contact Name / Position:			
Phone:			
Email:			
Commodity:			
Years in Business:			
First time shipments will be sent to Random Inspection. Is this understood:			
C-TPAT SVI Number:			
Is there a continuous bond registered with CBP:			
If "No" continuous bond on file, would you be interested in a continuous bond?			
If "No" continuous bond on file, load will be sent to Random Inspection. Is this understood?			
Mexican Manufacturer / Assembler			
Name:			
Address:			
Contact Name / Position:			
Phone:			
Email:			
C-TPAT SVI Number:			
Is company registered as an "Empresa Certificado":			

Mexican Grower and Production Plant:	
Name:	
Address:	
Contact Name / Position:	
Phone:	
Email:	
Foreign FDA Facility Registration No:	
Detailed Product Description:	
Detailed Packaging Information:	
Detailed List of Ingredients and corresponding percentages:	
FDA Product Code(s):	
Is product on "Recall" or "Import Alert" by FDA?	
Is product label approved by FDA?	
Are pictures of the labels available?	
If importing Fruits or Vegetables, please provide USDA Import Permit Number?	
General Questions	
Is the IOR related to the Manufacturer?	
What are the terms of sale?	
Does a binding ruling exist from CBP?	
Does your product qualify for Nafta?	
Is the product marked with the country of origin?	
Are there any Assists to declare?	
Do you use estimated values on the invoice?	
Do you participate in Reconciliation prototype?	
Is the packaging material MX or US origin?	
Who will be your primary transportation line?	
Is your freight insured?	
Do you need warehouse and distribution services?	
References	
Name:	
Company Name:	
Phone:	
Name:	
Company Name:	
Phone:	

Signatures

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:	

OFFICE USE

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:							
Risk Assessment (Check One):	<input type="checkbox"/>	Low - Approved	<input type="checkbox"/>	Medium – Approved w/comments	<input type="checkbox"/>	High - Reject	<input type="checkbox"/>
Risk Assessment Comments:							
Revised by:							
Date:							