



# Export Customer Setup Form:

Current Update to form:

## For NJFC Use Only

Soldto Address ID #:

Shipto Address ID #:

Shipping Plant(s):

Bank Information/Contact:

Bank Name:

Contact

Phone #:

Email:

Payment Terms:

Requires Proforma

Currency

Contract #

Price Agreement #

Contract Incoterms

**\* Designates Customer Required Fields**

## Company & Contacts

Legal Company Name\*:

Trade Name / DBA\*

Registered Address\*

Address Line 1

Address Line 2

Address Line 3

City

State/Province

Postal Code

Country\*

Company Registration Number / Business ID\*

Tax ID / VAT / GST Number\*

Import License Number (if applicable)

Website

Years in Business

Language Preference\*

Time Zone\*

Customer declares it is not on the Denied Persons List (DPL)\*

Customer declares it is not a Specially Designated National (SDN)\*

Customer declares it is not a Foreign Sanctions Evader (FSE)\*

Customer will not re-export to any Sanctioned Countries\*

Customer is responsible for obtaining Import Permits\*

Customer is responsible for paying Duties & Taxes\*

Authorized Signatory Name\*

Signature\*

Title\*

Date\*

Primary Sales Contact Name\*

Sales Contact Email\*

Sales Contact Phone #\*

Logistics Contact Name\*

Logistics Contact Email\*

Logistics Contact Phone #\*

After-hours Emergency Phone\*

Accounting Contact Name\*

Accounting Contact Email\*

Accounting Contact Phone #\*

Shipping Docs Contact\*

Shipping Docs Email\*

Shipping Docs Phone #\*

**Import & Customs**

Importer of Record (IOR) Name\*:

IOR Address\*

Address Line 1\*

Address Line 2

Address Line 3

City\*

State/Province\*

Postal Code\*

Customer Brokers Name\*

Broker Contact Person\*

Broker Email\*

Broker Phone\*

Broker Reference Number (if known)

IOR Tax ID\*

EEL (AES) Filing Responsibility\*:

Country Regulatory Agency Registration Required \*

Product Registration Required in Importing Country\*

Receiving Country Import Permit Required\*

**Shipping & Incoterms**

Incoterms

Named Place:

Port of Entry

Preferred Port of Discharge

Delivery Address\*:

Company Name\*

Address Line 1

Address Line 2

Address Line 3

City

State/Province

Postal Code

Country

Receiving Hours

Appointment Required

Country of Ultimate Destination\*

Ultimate Consignee Name:

Address Line 1

Address Line 2

Address Line 3

City

State/Province

Postal Code

Country

NJFC Arranged Ocean Freight

Customer Arranged:

Freight Forwarder (FF) Name\*

Freight Forwarder Contact Person\*

Freight Forwarder Contact Email\*

FF Contact Phone #\*

Booking #\*

Pallet Type Required\*

Slipsheets

Special Instructions\*:

Label Brand\*

Fiber Brand\*

Loading Photos Required

Pre-Shipment Approval Required\*

Case Marking Requirements\*

Label Language Requirements\*

Temperature Requirement

## Documentation & Regulatory

Shipping Docs Contact\*

Shipping Docs Email\*

Shipping Docs Phone #\*

Documentation Required Before Vessel Departure (days)\*

### Customer Requested Docs

Commercial Invoice Format Required  
Packing List Format Required  
Certificate of Origin Required  
Chamber Legalized Certificate Required  
Apostille Required  
Health Certificate Required  
Phytosanitary Certificate Required  
Free Sale Certificate Required  
Ingredient Statement Required  
Nutritional Panel Required  
Allergen Declaration Required  
Country of Origin Wording Required

### Required Shipping Doc