



Consignee/US Buyer 5106 Information Request Form

All fields with an asterisk (*) are required to be filled in.

EIN Number/SSN Number*: _____

Consignee/US Buyer Name*: _____

Alternate Name: _____

Entity Type*: Corporation Partnership Individual Sole Proprietor
 Foreign Government US Government State Government LLC

Phone Number*: _____ Email*: _____

Name of Certifying Individual*: _____

Certifying Individual Title*: _____

Address Information

Mailing Address*: _____

City*: _____ State*: _____ Postal Code*: _____ Country*: _____

Address Type*: Residence Corporate Office Warehouse Retail Location Office Building
 Business Service Center Post Office Box Other _____

Physical Address: _____
(*Only required if different than mailing address)

City: _____ State: _____ Postal Code: _____ Country: _____

Address Type: Residence Corporate Office Warehouse Retail Location Office Building
 Business Service Center Other _____