



**OMEGA**

CHB INT'L INC

Custom House Broker and International Freight Forwarders

**IMPORTER OF RECORD or ULTIMATE CONSIGNEE DATA INTEGRITY FORM**

(Updated: 7-17-08)

Effective 7-29-03, all Custom House Brokers transmitting data electronically to U.S. Customs and Border Protection must verify the accuracy of the data that they are transmitting.

If you have previously imported merchandise into the United States your information already exists within the U.S Customs & Border Protection's computer system. In order for us to proceed with the clearance of you shipment you must complete the information below so we can compare it with information on file with U.S. Customs and Border Protection.

If the information you provide differs in any way with the information on file with U.S. Customs & Border Protection, (ex. Different address), your signature on the affidavit below will attest to the accuracy of the information you are providing and will also authorize us to file a 5106 update document with U.S. Customs & Border Protection to correct the discrepancy.

**COMPANY OR INDIVIDUAL NAME & ADDRESS – Be as complete as possible to avoid delays**

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Cell#: \_\_\_\_\_ - *if a foreign number, please use format (+XX-number – where XX is the country code and the number is as it would be dialed from the United States)*

**PLEASE CIRCLE APPROPRIATE BUSINESS TYPE:**

A. Corporation      B. Partnership      C. Individual      D. Sole Proprietor      E. LLC

COMPANY IRS/EIN# \_\_\_\_\_ OR INDIVIDUAL SS# \_\_\_\_\_

*Please provide proof of your EIN (Employer Identification Number). This should be on IRS letterhead or an IRS form. The IRS form W-9 or similar forms that are completed by the company and submitted to the IRS are not acceptable proof of VALID EIN.*

FOREIGN TAX ID# \_\_\_\_\_ (for foreign companies only)

I \_\_\_\_\_, STATE THAT THE INFORMATION PROVIDED ON THIS DOCUMENT IS TRUE AND FACTUAL.

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

**(for corporations MUST be an authorized officer)**

DATE: \_\_\_\_\_

Any questions please call

1.310.988.1280

Fax to: 1.310.988.1065 or

E-mail: [omega@omegachb.com](mailto:omega@omegachb.com)



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