

Customs Power of Attorney

(1) Check appropriate box:  Individual  Partnership  Corporation  Sole Proprietorship  L.L.C

(2) EIN/SS Number: \_\_\_\_\_ (3) Importer Number: \_\_\_\_\_

If you are the importer of record, payment to the brokers will not relieve you of liability for Customs charges (Duties, taxes or other debts) owed Customs in the event the charges are not paid by the broker. Therefore, if you pay by check, customs charges may be paid with separate check payable to the "US Customs" which shall be delivered to Customs by the broker.

Know all men by these presents: That, (4) \_\_\_\_\_ (GRANTOR)

(Full name of person, partnership, corporation, or sole proprietorship; Identify)

a corporation doing business under the laws of the State or Country and Providence of (5) \_\_\_\_\_

or a (6) **Individual** (Individual, sole proprietorship, partnership; Insert one) doing business

as (7) \_\_\_\_\_

residing or having a principal place of business at (8) \_\_\_\_\_

hereby by constitutes and appoints **Jack R Huls & Co., PO Box 1599, 61-12<sup>th</sup> St., Blaine, WA 98231**(GRANTEE) and authorized Employees as a true and lawful agent and attorney of the grantor named above for and in the name, place, and stead of grantor from this date and in all Customs District, and in no other name, to make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, carnet or other document required by law or regulation in connection with the importation, transportation, or exportation of any merchandise shipped or consigned by or to said grantor; to perform any act or condition which may be required by law or regulation in connection with such merchandise; To receive any merchandise deliverable to said grantor:

To make endorsements on bills of lading conferring authority to transfer title, make entry and collect drawback, and to make, sign, declare, or swear to any Statement, supplemental Statement, supplemental schedule, Certificate of Delivery, Certificate of Manufacture, Certificate of Manufacture and Delivery, Abstract of Manufacturing Records, Declaration of Proprietor on Drawback Entry, Declaration of Exporter on Drawback Entry, or any other affidavit or document which may be required by law or regulation for drawback purposes, regardless of whether such bill of lading, sworn Statement, schedule, certificate, abstract, declaration, or other affidavit or document is intended for filing in all Customs Districts:

To sign, seal and deliver for and as the act of said grantor any bond required by law or regulation in connection with the entry or withdrawal of imported merchandise or merchandise exported with or without benefit of Drawback, or in connection with the entry, clearance, lading, unlading or navigation of any vessel or other means of conveyance owned or operated by said grantor, and any and all bonds which may be voluntarily given and accepted under applicable laws and regulations, consignee's and owner's declarations provided for in Section 485, Tariff Act of 1930, as amended, or affidavits in connection with the entry of merchandise;

To sign and swear to any document and to perform any act that may be necessary or required by law or regulation in connection with the entering, clearing, lading, unlading, or operation of any vessel or other means of conveyance owned or operated by said grantor;

To authorize other Customs brokers to act as Grantor's agent; To receive, endorse and collect checks issued for Customs duty refund in Grantor's name drawn on the Treasury of the United States; If grantor is a non resident of the United States, to accept service of process against grantor and to appoint subagents;

And generally to transact at the Customhouses in said District any and all Customs business, including making, signing and filing of protests under Section 514 or the Tariff Act of 1930, in which said Grantor is or may be concerned or interested and which may properly be transacted or performed by an agent and attorney, giving to said agent and attorney full power and authority to do anything whatever requisite and necessary to be done in the premises as fully as said grantor could do if present and acting, hereby ratifying and confirming all that the said agent and attorney shall lawfully do by virtue of these presents; the foregoing power of attorney to remain in full force and effect until revoked, or until notice of revocation in writing is duly given to and received by a District Director of Customs of the District aforesaid. If the donor is this power of attorney is a partnership, and said the power shall in no case have any force or effect after the expiration of 2 years from the date of its receipt in the office of the District Director of Customs of the said District.

IN WITNESS WHEREOF, Grantor has caused these presents to be signed by: (Name) (9) \_\_\_\_\_

(Typed or Printed)

Signature: (10) \_\_\_\_\_

(Capacity) (11) Individual DATE: (12) \_\_\_\_\_

Witness \_\_\_\_\_



# U.S. CUSTOMS & BORDER PROTECTION VEHICLE EXPORT COVER SHEET

PORT OF EXPORT: BLAINE, WA

## DESCRIPTION OF VEHICLE/EQUIPMENT

VIN/SERIAL:		
YEAR:	MAKE:	MODEL:
TITLE #:	TITLE STATE:	

## TRANSPORTATION INFORMATION

ITN:	VALUE:
CARRIER:	VESSEL:
BOL/AWB/BOOKING #:	
EXPORT DATE: / /	PORT OF UNLADING:
ULTIMATE DESTINATION:	
VEHICLE LOCATION:	

## SHIPPER/EXPORTER (U.S. PARTY)

NAME:	DATE OF BIRTH:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:		
ID #:	TYPE & ISSUER: EIN	

## ULTIMATE CONSIGNEE (CANADIAN PARTY)

NAME:	DATE OF BIRTH:	
ADDRESS:		
CITY:	PROVINCE: BC	COUNTRY: CANADA
PHONE:		

## DESIGNATED AGENT/BROKER/FREIGHT FORWARDER

NAME: JACK R. HULS & Co.	
ADDRESS: 61-12 <sup>TH</sup> STREET	
CITY: BLAINE	STATE: WASHINGTON
PHONE: 360-332-4474	CONTACT: EMILY MURPHY

61-12<sup>th</sup> St.  
P.O. Box 1599  
Blaine, WA 98231-1599  
PHONE: 360-332-4474  
FAX: 360-332-7123  
EMAIL: jackrhuls@gmail.com

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**Jack R. Huls & Co.**

**Credit Card Authorization**

I, \_\_\_\_\_, hereby authorize Jack R. Huls & Company to charge my credit card for the amount of \_\_\_\_\_.

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

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_/\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Billing Zip/Postal Code: \_\_\_\_\_

Invoice(s) Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All information entered on this form is strictly confidential and will not be shared with anyone. The above information is for use by Jack R. Huls & Co. only.