



## 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 \_\_\_\_\_