

INSTRUCTIONS FOR COMPLETING CUSTOMS POWER OF ATTORNEY

CUSTOMS POWER OF ATTORNEY

IRS# (BOX 1)

Check appropriate box: **(BOX 2)**
 Individual
 Partnership
 Corporation
 Sole Proprietorship

KNOW ALL MEN BY THESE PRESENTS: That _____ **(BOX 3)** _____ doing business as _____ **(BOX 4)** _____ under the laws of the State of _____ **(BOX 5)** _____ residing at or having a principal place of business at _____ **(BOX 6)** _____, hereby constitutes and appoints Cap International, Inc. its officers, employees and /or specifically authorized agents, to act for and on behalf as a true and lawful agent and attorney of the grantor for and in the name, place, and stead of said grantor, from this date and in all Customs Districts either in writing, electronically, or by any other authorized means to:

INTRUCTIONS

Box 1. Enter the IRS#, EIN, or Social Security number

Box 2. Check appropriate box.

Box 3. Full legal name of Corporation, Individual, Partnership or Sole Proprietorship issuing Power of Attorney

Box 4. Name under which business is conducted if different from above

Box 5. Corporations – Enter the State of incorporation

Box 6. Complete legal address

Box 7. Enter the name of the person signing the Power of Attorney. For corporations it must be signed by a corporate officer only.

Box 8. Signature of the person on box 7

Box 9. Title of the person signing

Box 10. Date signed.

Box 11. If individual or sole proprietorship Power of Attorney must be Notarized.

Appointment as Forwarding Agent; Grantor authorizes the above grantee to act within the territory as lawful agent and sign or endorse export documents (i.e., commercial invoices, bills of lading, insurance certificate, drafts and any other document) necessary for the completion of an export on grantor's behalf as may be required under law and regulation in the territory and to appoint forwarding agent's on grantor's behalf;

Grantor hereby acknowledges receipt of terms and conditions

IN WITNESS WHEREOF, the said _____ **(BOX 7)** _____
caused these presents to be signed and sealed (Signature) _____ **(BOX 8)** _____
(Capacity) _____ **(BOX 9)** _____ Date _____ **(BOX 10)** _____
Witness _____ **(BOX 11)** _____