

# K&G CUSTOMS SERVICE INC. (CHICAGO)

1538 Elmhurst Rd., Elk Grove Village, IL 60007 T. 847.956.0700 F.847.956.0721 chicago@kgchb.com

# **Customs Power of Attorney Instructions**

### Corporation (CORP) / Limited Liability Company (LLC) / Sole Proprietorship with EIN

- 1) IRS Employer Identification Number (FEIN), or CBP assigned importer number
- 2) Full name of the corporation or name of individual (Sole Proprietorship) registered under FEIN
- 3) Insert the name of the state from which principal received authority to do business
- 4) Not applicable
- 5) Insert the assumed/fictitious name (DBA) (if applicable)
- 6) Not applicable
- 7) Insert the address of the business (if multiple branches, provide the address of the headquarter)
- 8) Enter the state-registered business name of the corporation (same as #2)
- 9) Signature of the grantor
- 10) Print name of the grantor
- 11) Capacity of the grantor (<u>Must</u> be one of the following corporate officers) (President/Vice President/Corporate Secretary/Treasurer/CFO/CEO/COO)
- 12) The issue date of the Power of Attorney
- 13) Provide the direct contact information of the grantor of the Power of Attorney
- 14) Name(s) of the witness(es) (Optional)

# \*\*\* Please, provide FEIN supporting document and a copy of Business card for verification of POA grantor's identity and legal authority

#### **Individual**

- 1) Social Security Number (SSN), or CBP assigned importer number
- 2) Full name of the individual signing the Power of Attorney
- 3) Insert the name of the state from which principal received authority to do the business
- 4) Insert full name of the individual (if authorized to do business under an assumed/fictitious name (DBA))
- 5) Insert the assumed/fictitious name (DBA) (if applicable)
- 6) Insert the individual's residential address
- 7) Insert the address of the business (if applicable)
- 8) Insert the individual's full name, or the name of the business (if applicable)
- 9) Insert a signature of the individual executing the Power of Attorney
- 10) Print name of the person executing the Power of Attorney
- 11) Enter the capacity of person signing the Power of Attorney
- 12) The issue date the Power of Attorney
- 13) Provide the direct contact information of the grantor of the Power of Attorney
- 14) Name(s) of the witness(es) (Optional)
- \*\*\* Please provide a copy of SSN and Photo ID for verification of the POA grantor's identity and legal authority
- \*\*\* Only state-issued Driver's License, State ID, and Passport are considered as Valid Photo ID



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## **Partnership**

- 1) IRS Employer Identification Number (EIN)
- 2) For general partnership, list full name of all of the general partners (use an attachment if necessary) followed by full business name of the partnership. For limited partnership, list the general partners and provide partnership agreement and full business name (See Table A)
- 3) Insert the name of the state from which principal received authority to do business
- 4) Not applicable
- 5) Insert assumed/fictitious name (DBA) (if applicable)
- 6) Not applicable
- 7) Insert the address of the business. (If multiple branches, provide the address of the headquarter)
- 8) Enter the state-registered business name of the partnership (same as #2)
- 9) Signature(s) of the partner(s)
- 10) Print the name of the Individual signing the Power of Attorney
- 11) Enter the capacity of the Individual signing the Power of Attorney
- 12) The Issue date of the Power of Attorney
- 13) Provide the direct contact information of the grantor of the Power of Attorney
- 14) Name(s) of the witness(es) (Optional)
- \*\*\* Please, provide FEIN supporting document and a copy of Business card for verification of POA grantor's identity and legal authority

#### Table A

19 CFR 141.39(a)(2) Limited Partnership – A power of attorney grated by a Limited Partnership need only state the names of the general partners who have authority to bind the firm unless the partnership agreement provides otherwise. A copy of the partnership agreement must accompany the power of attorney.