

# 17 – C-TPAT Customer Intake Form



<b>Date:</b>		<b>Account Code (for internal use only):</b>	
<b>Full Company Name:</b>			
<b>dba:</b>			
<b>Type of Business Structure:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/> Other (Describe):			
<b>Type of Company:</b> <input type="checkbox"/> U.S. Importer <input type="checkbox"/> U.S. Importer (Warehouse Customer) <input type="checkbox"/> Foreign Importer <input type="checkbox"/> Warehouse (Domestic) <input type="checkbox"/> Warehouse (Export)			
<b>Country of Origin:</b> _____			
<b>Commodity (ies) being imported:</b>			
<b>Federal Tax ID or RFC:</b>		<b>D&amp;B No:</b>	
<b>Telephone:</b>	<b>Ext:</b>	<b>Fax:</b>	<b>E-mail:</b>
<b>Physical Address: (no PO boxes)</b>		<b>Mailing Address:</b>	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
<b>MAIN CONTACTS</b>			
<b>Accounts Payable</b>			
<b>Billing Address:</b>		<b>Name of Contact:</b> _____	
_____		<b>Telephone:</b>	
_____		<b>Extension:</b>	
_____		<b>Fax:</b>	
<input type="checkbox"/> Same as above		<b>E-mail:</b>	
<b>Principal / Partner / Officer / Owner</b>			
<b>Name:</b>		<b>Name:</b>	
<b>Title:</b>		<b>Title:</b>	
<b>Telephone:</b>		<b>Telephone:</b>	
<b>Extension:</b>		<b>Extension:</b>	
<b>Fax:</b>		<b>Fax:</b>	
<b>E-mail:</b>		<b>E-mail:</b>	

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<b>Country:</b>	<b>Country:</b>
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Same as above

**ADDITIONAL CONTACTS**

**U.S. Customs Issues**

<b>Name:</b> <b>Title:</b> <b>Telephone:</b> <b>Extension:</b> <b>Fax:</b> <b>E-mail:</b> <b>Country:</b> <b>Related party transaction:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b> <b>Title:</b> <b>Telephone:</b> <b>Extension:</b> <b>Fax:</b> <b>E-mail:</b> <b>Country:</b> <b>Related party transaction:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Same as above

**Warehouse/Logistics**

<b>Name:</b> <b>Title:</b> <b>Telephone:</b> <b>Extension:</b> <b>Fax:</b> <b>E-mail:</b> <b>Country:</b>	<b>Name:</b> <b>Title:</b> <b>Telephone:</b> <b>Extension:</b> <b>Fax:</b> <b>E-mail:</b> <b>Country:</b>
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Same as above

**CUSTOMER REFERENCES**

(Provide up to two customer references)

<b>1.</b>	<b>Company:</b>	<b>Contact Person:</b>
	<b>Address:</b>	<b>Telephone:</b>
	_____	<b>Fax:</b>
	_____	<b>E-mail:</b>
	_____	<b>Website:</b>
_____		

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<b>2.</b>	<b>Company:</b>	<b>Contact Person:</b>
	<b>Address:</b>	<b>Telephone:</b>
	_____	<b>Fax:</b>
	_____	<b>E-mail:</b>
	_____	<b>Website:</b>
_____		

### BANK REFERENCES

<b>1.</b>	<b>Bank name:</b>	<b>Telephone:</b>
	<b>Address:</b>	<b>Fax:</b>
	_____	<b>E-mail:</b>
	_____	<b>Checking Loan Account No:</b>
	_____	<b>Savings Account No:</b>
<b>Account/Loan Officer:</b>		

I hereby declare that the information presented above is true and accurate

<b>Name:</b>	
<b>Title:</b>	
<b>Date:</b>	
<b>Signature:</b>	

## 17 – C-TPAT Customer Intake Form



Please fax the completed form to 619-671-9362 and mail the originally signed copy to:

Globe Trade Services  
Attn: Accounting Department  
2275 Michael Faraday, Ste.6  
San Diego, CA. 92154

### Supply Chain Security Program Information

#### Dear Customer:

As a certified member of Customs and Border Protection C-TPAT (Customs – Trade Partnership Against Terrorism) program, we are committed to securing the global supply chain and informing our business partners about the importance of supply chain security.

Therefore, we would greatly appreciate your cooperation by answering the following supply chain security section.

Thank you

Note: This does not apply for Warehouse (Domestic) or Warehouse (Export) companies, as they are not actively involved in the import of merchandise into the United States

### Supply Chain Security Main Contacts

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<b>Name:</b> <b>Title:</b> <b>Telephone:</b> <b>Extension:</b> <b>Fax:</b> <b>E-mail:</b> <b>Country:</b>	<b>Name:</b> <b>Title:</b> <b>Telephone:</b> <b>Extension:</b> <b>Fax:</b> <b>E-mail:</b> <b>Country:</b>
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### TRADE REFERENCES

(Provide up to two foreign suppliers/shippers)

<b>1.</b>	<b>Company:</b>	<b>Contact Person:</b>
	<b>Address:</b> _____ _____ _____	<b>Telephone:</b>
		<b>Fax:</b>
		<b>E-mail:</b>
		<b>Website:</b>
<b>Product:</b>		
<b>2.</b>	<b>Company:</b>	<b>Contact Person:</b>
	<b>Address:</b> _____ _____ _____	<b>Telephone:</b>
		<b>Fax:</b>
		<b>E-mail:</b>
		<b>Website:</b>
<b>Product:</b>		

**Are you C-TPAT certified?**  Yes  No

Provide Standard Verification Interface Number:

Validated by U.S. Customs  Yes  No

Date of validation:

**Are you Certified in a C-TPAT equivalent / WCO accredited security program administered by a foreign customs authority?**  Yes  No

**Are you certified in any other security type program?**

Business Anti Smuggling Coalition (BASC)  Yes  No

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International Ship and Port Facility Security Code (ISPS)  Yes  No

### Supply Chain Security Questions

**Primary site in which your cargo is coordinated before being imported**

**Country:**

Fence Cameras Lighting Visitors Controls Truck/Container Log In Controls Secured area for container storage Security Guards 24/7 Security Awareness Training for Guards Frequency:	Yes No N/A Yes No Yes No Yes No N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A every _____	(For internal use only)  Pass (6 or more) Fail (5 or less)  <input type="checkbox"/>
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**Import Data and Documentation Security**

**Country:**

Restricted access to shipping data and documents Secure computer access Data and Documentation verification Document destruction policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	(For internal use only)  <input type="checkbox"/> Pass (4) <input type="checkbox"/> Fail (3 or less)
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**Personnel Security**

**Country:**

Uniforms Name Badges Background Checks Drug Testing for Warehouse Staff Security Awareness Training Frequency:	Yes No Yes No Yes No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No every _____	(For internal use only)  Pass (4 or more) <input type="checkbox"/> Fail (3 or less)
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**Shipping to the U.S. (Foreign site from which the cargo is shipped)**

**Country:**

Restricted access to shipping area Secure loading docks Container inspection Merchandise inspection High security seals	Yes No Yes No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	(For internal use only) Pass (5) <input type="checkbox"/> <input type="checkbox"/> Fail (4 or less)
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**Receiving from foreign locations (Domestic site in which the cargo is received)**

**Country:**

Restricted access to receiving area	<input type="checkbox"/> Yes <input type="checkbox"/> No	(For internal use only)
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Secure loading docks Merchandise inspection Security seals matching	Yes No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass (4) <input type="checkbox"/> Fail (3 or less)
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**Self-Evaluation and Testing** **Country:**

Do you evaluate and audit your procedures Frequency Documented Do you test your procedures Frequency Documented	Yes No every _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Very <input type="checkbox"/> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	(For internal use only) Pass (4) <input type="checkbox"/> Fail (3 or less)
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Supply Chain Security Evaluation Result:  Pass (All sections passed)  Fail (At least one section failed)  
 If Fail, recommend customer to implement corrective measures

### Verification (for internal use only)

**“I hereby declare that the information in this form is complete and has been verified”**

Date:	Print name:	Signature:
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### Approval (for internal use only)

**“I hereby declare that I have reviewed this form and approve said customer for future work”**

Date:	Print name:	Signature:
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