



Please submit completed packet to:
1290 Bayshore Hwy. #266
Burlingame, CA 94010
Ph: 650-315-2968

Email: hello@elleoglobal.com



New Importer Packet

Dear Importer:

Thank you for choosing Elleo Global as your trusted Customs Broker. In this document, you will find all necessary forms and information about getting started with your import process. Please fill out all applicable forms and submit it us by email or Dropbox (Original POA must be mailed).

Below you will find:

1. POA Instructions, Verification Requirements & Power of Attorney Form
2. ISF (10+2) Form
3. Continuous Bond Application
4. CBP - ACH Debit Application
5. Informed Compliance Questionnaire
6. Terms & Conditions of Services

Please do not hesitate to contact us if you have any questions.

1. **What is a Power of Attorney (POA)?**

A POA is a legal document authorizing an entity or a person to act as the attorney or agent of the grantor. Elleo Global requires that all clients provide a valid POA so that we may transact U.S. Customs Business on our client's behalf as required by Customs law and regulations. *The original POA must be mailed to our office.*

2. **What is ISF (Importer Security Filing) 10+2?**

Per U.S. Customs & Border Protection: On January 26, 2009, the new rule titled Importer Security Filing and Additional Carrier Requirements (commonly known as "10+2") went into effect. This rule applies to import cargo arriving to the United States by vessel. Failure to comply with the rule could ultimately result in monetary penalties, increased inspections and delay of cargo. It is now required that all ISF must be filed with U.S. Customs at least 24 hours prior to the cargo being loaded on board the exporting vessel with an U.S. destination port. Our ISF form contains all information needed in order to accurately submit the importer's ISF. U.S. Customs may impose a maximum penalty of \$5,000 per violation for failure to comply.

Security filing information must be provided to Elleo Global at least 72 hours prior to lading of cargo. Inaccurate or incomplete information can result in delays, additional expenses, and/or charges as well as potential penalties.

Once ISF is transmitted, we will reply back with the ISF transaction number.

Any changes must be reported timely so that corrections can be transmitted no later than 24 hours prior to arrival of vessel in the U.S.

Elleo Global is not required, nor will we validate the data accuracy on this document. We are NOT responsible for any fines, penalties, expenses arising from any inaccuracy or omission on ISF form. Such errors coming from either shipper, ocean line or any other party filing/submitted AMS

3. **What is Customs Bond?**

U.S. Customs & Border Protection (CBP) requires the filing of a Customs bond for merchandise imported into the U.S. that are valued over \$2,500. There two types of Customs bond available: (1) Single Transaction Bonds and (2) Continuous Bonds.

(1) A Single Transaction Bond (STB) is valid for only one transaction. The amount of the bond is based on the type of merchandise, the value of the shipment and the duties associated with the merchandise.

(2) The Continuous Bond (application included) is good for one year and it must be filed in an amount equal to 10% of the estimated duties and taxes to be paid. The minimum Continuous Bond amount is \$50,000.

4. **Customs and Border Protection (CBP) ACH Debit Payment Application**

To help facilitate payments and refunds with importers and other participants, CBP Automated Clearinghouse (ACH) integrated an electronic payment option that allows direct payments of customs fees, duties, and taxes electronically, as well as receiving refunds of customs duties, taxes and fees electronically. ACH is a straightforward procedure accomplished through electronic transactions and throughout this process there are no paper payments and no cashiers involved.



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POA Instructions and Verification Requirements

POA Instructions:

- (1) EIN or SSN # is the company's Federal ID Number.
Social Security # is used in this block if the importer is an individual
Customs Assigned # is used in this block if the importer does not have a Federal ID # or Social Security #.
- (2) Name of importing company or individual. If the company is a partnership or LLC, per 19 CFR 141.39(a)(2), list the names of all partner's and submit a copy of the partnership agreement.
- (3) Fill in this block whether the importer is doing business as corporation, individual, sole proprietorship, partnership, or LLC.
- (4) Fill in this block the State where the business is incorporated.
- (5) Fill in this block with the physical address of the importer of record. U.S. Customs and Border Protection will not accept a P.O. Box as a valid address.
- (6) Name of importing company, individual, sole proprietorship or partnership.
- (7) Signature of authorized person. If importer of record is a corporation, the President, Vice President, Secretary or Treasurer is required to sign the Power of Attorney.
- (8) Print the name and fill in the Title of the person signing the Power of Attorney.
- (9) Fill in the date the Power of Attorney is signed.

POA Verification Requirements:

Please note the following documents required, in addition to a properly executed POA, should be received for identification and company verification:

- **Individuals:** Driver License and Social Security **or** Passport
- **Partnership:** Partnership agreement
- **Foreign Importers:** Corporate Certification

Once completed, please mail Original, signed POA to our office.

CUSTOMS POWER OF ATTORNEY

Check appropriate box: Individual Partnership Corporation Sole Proprietorship LLC

EIN or SSN#: _____ (1) Customs Assigned #: _____ (1)

KNOWN ALL MEN BY THESE PRESENTS:

That, _____ (2) doing business as
(Full name of individual, partnership, corporation, sole proprietorship or LLC)

a _____ (3) under the laws of the State of _____ (4)
(Individual, partnership, corporation, sole proprietorship or LLC)

residing or having a principal place of business at _____ (5)
(Business Address)

hereby constitutes and appoints **ELLEO GLOBAL, INC.** 1290 Bayshore Hwy. #266, Burlingame, CA 94010

as a true and lawful agent and attorney of the grantor named above for and in the name, place and stead of said grantor from the date and in the United States Customs Districts and in no other name, to make, endorse, sign, declare, or swear to any customs entry, withdrawal, declaration, certificate, bill of lading, or other document required by law or regulation in connection with importation, transportation, or exportation of any merchandise shipped or consigned by or to said grantor; to perform any act or condition with such merchandise; to receive any merchandise deliverable to said grantor;

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

To make endorsements on bills of lading conferring authority to make entry and collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, 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 statements, schedule, certificate, abstract declaration, or other affidavit or document in intended for filing in said port or in any other customs district;

And generally to transact at the CBP houses in said port any and all CBP business, including making, signing, and filing of protests under section 514 of 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 or 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 do virtue of these presents; the foregoing power of attorney to remain in full force and effective until the ____ day of 20____, or until notice of revocation in writing is duly given to and received by the Port Director of CBP of the port aforesaid. If the donor of this power of attorney is a partnership, the said 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 Port Director of CBP of the said port.

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 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 merchandise.

Grantor acknowledges receipt of Elleo Global Inc. terms and conditions of service governing all transactions between the parties. The Terms and Conditions of Service are found on the website at elleoglobal.com.

Per 19CFR 111.29(b)(1) - If you are the Importer of Record, payment to the broker will **not** relieve you of liability for Customs charges in the event the charges are not paid by the broker. Therefore, if you pay by check, Customs charges may be paid with a separate check payable to "U.S. Customs and Border Protection". Importers who wish to utilize his procedure must contact our office in advance to arrange timely receipt of checks.

IN WITNESS WHEREOF, the said _____ (6)
(Full name of Company)

has caused these presents to be sealed and signed: (Signature) _____ (7)

(Capacity) _____ (8)(Date) _____ (9)

WITNESS: (if required) _____

Corporate Seal* (Optional)

Please mail signed, original POA to:

Elleo Global, Inc. 1290 Bayshore Hwy. Ste. 266, Burlingame, CA 94010 | Ph: 650-315-2968



Please send completed form to:

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Burlingame, CA 94010

By email: hello@elleoglobal.com

Importer Security Filing (ISF) 10+2

Seller: Name and address of the last known entity by whom the goods are sold or agreed to be sold

Manufacturer or supplier: Name and address of entity that last manufacture, assembles, produces, or grow the commodity or the name and address of party supplying the finished goods in the country from which the goods are leaving.

Buyer: Name and address of the last known entity to whom the goods are sold or are agreed to be sold.

Ship to party: Name and address of the first deliver to party scheduled to physically receive the goods after the goods have been released from customs.

Consolidator: Name and address of the party who stuffed the container or arranged for the stuffing of the container.

Container stuffing location: Name and Address of physical locations(s) where the goods were stuffed into the container.

Importer of record Number/Foreign trade zone applicant ID number: Internal Revenue Service (IRS) number, Employer ID number (EIN), Social Security Number (SSN).

Consignee Number(s): Internal Revenue Service (IRS) number, Employer ID number (EIN), Social Security Number (SSN) CBP assigned number of individuals or firms in the USA whose account the merchandise was shipped.

Country of origin: Country of manufacture, production, or growth of article, based on import laws, rules of the USA.

Commodity Harmonized Tariff Schedule (HTS) number: Duty or statistical reporting number under which the article is classified in the Harmonized Tariff Schedule of the USA. the HTSUS number must be provided to the 6-digit level.

Data must be transmitted 24 hours prior to the cargo loading the vessel in the origin port. CST must receive the information no later than 72 hours prior to the vessel loading,

1. Country of Origin:	Expected Load Date:
2. Importer: Name: _____ Address: _____ Importer Federal Tax#: _____	3. Consignee: Name: _____ Address (if other than importer): _____ Consignee Federal Tax#: _____
House Bill of Lading #:	Master Bill of Lading #:
4. Seller: <input type="checkbox"/> Check box if Seller is provided on the attached commercial invoice Name: _____ Street Address: _____ City: _____ Province/State: _____ Postal Code: _____ Country: _____	5. Buyer: <input type="checkbox"/> Check box if Buyer to party is provided on the attached commercial invoice Name: _____ Street Address: _____ City: _____ Province/State: _____ Postal Code: _____ Country: _____
6. Manufacturer: <input type="checkbox"/> Check box if Manufacturer is provided on the attached commercial invoice Name: _____ Street Address: _____ City: _____ Province/State: _____ Postal Code: _____ Country: _____	7. Ship to party: <input type="checkbox"/> Check box if Ship to party is provided on the attached commercial invoice Name: _____ Street Address: _____ City: _____ Province/State: _____ Postal Code: _____ Country: _____
8. Classification: HTS#: _____ Origin: _____ HTS#: _____ Origin: _____	HTS#: _____ Origin: _____ HTS#: _____ Origin: _____
9. Container Stuffing Location <input type="checkbox"/> Check box if stuffed at seller's premises. Name: _____ Street Address: _____ City: _____ Province/State: _____ Postal Code: _____ Country: _____	10. Consolidator <input type="checkbox"/> Check box if stuffed at seller's premises. Name: _____ Street Address: _____ City: _____ Province/State: _____ Postal Code: _____ Country: _____

Signature of Importer

Title of person signing

Date



Please send completed form to: By mail:
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Continuous CBP Bond Application

CHB Name: Elleo Global, Inc. Imp No / Tax ID/SS #/CBP Assigned No: _____

Principal Name: _____

DBA: Business _____

Type: Corporation LLC (State of Incorporation _____) Partnership Proprietorship Individual

If Partnership, indicate if: General Add sheet with a complete listing of all partners
 Limited Attach a copy of the complete partnership agreement

If Proprietorship, indicate name of Sole Proprietor: _____

Co-Principals / Users: Yes No (If yes, add sheet with Name, Imp No/Tax ID/SS #/CBP Assigned No and Address)

Physical Address: _____

City/State/Zip Code: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Years in Business: _____

Activity Code: 1 – Import (see below) 3a – Instruments of Intl Traffic 14 – In-Bond Export Consolidation
 1a – Drawback 4 – Foreign Trade Zone 15 – Intellectual Property Rights
 2 – Custodial (see below) 5 – Public Gauger 16 – ISF
 3 – Intl Carrier (see below) 11 – Airport Security (see below) 17 – Marine Terminal Operator

Bond Amount: _____ Effective Date Requested: _____

Is a current bond on file (same activity code)? Yes No
 Has termination been sent on current bond? Yes No If yes, termination date: _____
 Has any Surety ever suffered a loss on Principal's behalf? Has Yes No
 Principal ever been placed on sanctions with CBP? Yes No

For Activity Code 1 – Import Bonds only, please fill out below:

Description of merchandise to be imported: _____

Country(ies) of Origin: _____

Is merchandise subject to antidumping/countervailing duties? Yes No
 Does the importer require a Reconciliation Rider? Yes No

Previous 12 Months

Estimated For Next 12 Months

Value of Merchandise: Estimated _____
 Duties, Taxes & Fees: Number of _____
 Entries: _____

For Activity Code 2 – Custodial Bonds or Activity Code 3 – Intl Carrier Bonds only, please fill out below:

Activities to be conducted: _____
 If a Carrier, provide SCAC: _____ If a Warehouse, Centralized Examination Station (CES), or Container Freight Station (CFS), provide FIRMS code: _____

For Airport Security only, please fill out below:

List Airport(s): _____

Certification

I certify that the factual information contained in this application is true and accurate and any information provided which is based upon estimates is based upon the best information available on the date of this application.

Signature of officer or attorney-in-fact _____ Date _____

Printed name and title _____

ACH DEBIT APPLICATION

U.S. Customs and Border Protection Automated Clearinghouse Daily Statement Payment Program
(This application will be used to communicate account information to Federal Reserve Bank of Cleveland)

Add

Action to be Taken: Change Effective Date: _____ Current Payer Unit Number: _____
(Effective date should be at least 3 business days in the future)

Delete Effective Date: _____ Current Payer Unit Number: _____

Payer Information

Payer Importer Number **OR** 3 digit filer code: _____
(Include Suffix)

Payer Company Name: _____

Payer Company Address: _____

Payer City, State Zip: _____

Payer Contact Name: _____

Payer Email Address: _____

Payer Telephone: _____ FAX: _____
(Enter country code if applicable) (Enter country code if applicable)

Name of Authorizing Company Official (Please type or print)

Signature of Authorizing Company Official

Banking Information

Bank must be a National Automated Clearinghouse Association (NACHA) participant.

Bank Name: _____ Address: _____

ACH Bank Transit Routing Number: _____ ACH Bank Account Number: _____

To ensure the accuracy of the account information, it is requested that written verification (obtained from your bank) be completed and accompany this application. The ACH payer will be responsible for defaults, which result from incomplete or erroneous account information when written verification is not submitted and certified by bank personnel. Please ensure that the bank transit routing and account numbers on the ACH application have been verified by your bank before sending to the Revenue Division.

Broker/Filer Information

Name of CBP Broker/Filer: _____ 3 digit filer code: _____

Contact Name: _____ Telephone: _____ Fax: _____

ABI Representative of Customs Broker/Filer: _____

This application may be faxed, mailed or e-mailed to the ACH Coordinator at:

Revenue Division
ACH Debit Applications
6650 Telecom Drive, Suite 100
Indianapolis, IN 46278

Telephone: (317) 298-1200 Ext. 1098
FAX: (317) 298-1259
Email: ACH-Customs@cbp.dhs.gov

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0078. The estimated average time to complete this application is 5 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection Office of Regulations and Rulings, 90 K Street, NE., Washington DC 20229.



Please send completed form to:

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Informed Compliance Questionnaire

Dear importer:

Thank you for choosing Elleo Global as your trusted Customs Broker.
This document is intended to provide us with information needed to prepare Customs services.
We will also use this information to verify Company information.

General Information:

Name of Importer: _____ Contact Name: _____

Address: _____

Phone #: _____ Email: _____

EIN No.: _____ or SS No.: _____

Customs Assigned No.: _____ (optional)

Bonf Information: Bond Number: _____ Surety Code: _____

Amount: _____ Effective Date: _____

Description of Merchandise: _____

Country of Origin(s): _____

- | | | |
|--|-----|----|
| 1. Are you a first time importer? | YES | NO |
| 2. Are you related to the supplier of your merchandise? | YES | NO |
| 3. Is your merchandise legally marked with the country of origin and any other marking requirements? | YES | NO |
| 4. Is your merchandise subject to any other government agencies? Please check as appropriate: | | |
| FDA: EPA: FCC: | | |
| DOT: ATF: CPSC: | | |
| Tosca: F&W: Other (please specify): _____ | | |
| 5. Is your merchandise subject to any quota or anti-dumping and/or countervailing duty? | YES | NO |
| 6. Were the goods obtained pursuant to a purchase or agreement to purchase? | YES | NO |
| 7. Do you pay any buying, selling or royalty commission(s)? | YES | NO |
| Do you pay other indirect payments? | YES | NO |
| Do you provide any materials/molds/tools, engineering work/plans or sketches not included in the purchase price on the import invoice? | YES | NO |
| 8. Do your invoices reflect the actual price paid, correct quantity, description and country of origin of your importer merchandise? | YES | NO |
| 9. Does your company export any foreign goods they import and pay duties on? | YES | NO |
| 10. Do you have administrative rulings on your merchandise? | YES | NO |
| 11. Does any of your merchandise qualify for reduced duty rates under: | | |
| GSP: CBI: NAFTA: CAFTA: ATPDEA: | | |
| CBTPA: U.S. Goods Returned: U.S. Goods Assembled or Repaired Aboard: | | |

If your merchandise is U.S. Goods Returned, are the goods the growth, production and manufacture of the United States and are they being returned without having been advanced in value? YES NO
Also, has no other drawback been claimed on the merchandise? YES NO

12. Does your merchandise contain any unauthorized copyrighted or trademarked material? YES NO

Certification: I have completed this questionnaire to the best of my knowledge and ability. I understand that the information contained herein will be used to prepare Customs entries on behalf of our Company. Declarations made in error based upon this information are the responsibility of the Importer of Record.

Signed: _____ Date: _____

