MIAMI VALLEY WORLDWIDE, INC. Freight Forwarders • Customs Brokers



Customs Power of Attorney

		T and Acknowledgement of Terms	and Conditions
(1) Check appropriate box:	☐ Individual ☐ Partnership	EIN #: (2)(Required)
	☐ Corporation	(4	,
	☐ Sole Proprietorship☐ Limited Liability Company		
	ITS: That, (3)		doing
business as a (4)	(Full Name of individual, partnershi	o, corporation, sole proprietorship, or limited liability com the laws of the State of (5)	pany) (Identify)
(individual, partnership, cor	poration, sole proprietorship, or limited liability compar	ny) (Insert one)	
		, holes, and/or specifically authorized a	igents, to act for
and on its behalf as a true and law in the United States ("the territory		for and in the name, place and stead or by other authorized means to:	of said grantor, for this date,
	onnection with the importation, expo	l, declaration, certificate, bill of lading, rtation, transportation, of any merchal	
Perform any act or condition, which receive any merchandise;	:h may be required by law or regulati	on in connection with such merchandi	ise deliverable to said grantor; to
Make endorsements on bills of lad to any statement or certificate req with Customs and Border Protection	uired by law or regulation for drawba	tle; make entry or collect drawback; ar ck purposes, regardless of whether su	nd to make, sign, declare, or swear ch document is intended for filing
imported merchandise or merchal unlading or navigation of any vess voluntarily giver and accepted und	ndise exported with or without bene- sel or other means of conveyance ow	ed by law or regulation in connection fit of drawback, or in connection with the ned or operated by said grantor, and a consignee's and owner's declarations pathe entry of merchandise;	the entry, clearance, lading, ny and all bonds which may be
Sign and swear to any document a clearing, lading, unlading, or operations.	and to perform any act that may be n ation of any vessel or other means of	ecessary or required by law or regulati conveyance owned or operated by sai	on in connection with entering, d grantor;
Authorize other Customs Brokers of Customs duty refunds in grantor's accept service of process on behal	name drawn on the Treasurer of the	ct as grantor's agent; to receive endors United States; if the grantor is a nonres	e and collect checks issued for sident of the United States, to
And generally to transact Customs laws of the territories, in which sai agent and attorney;	s business, including filing of claims o d grantor is or may be concerned or i	r protests under section 514 of the Tar nterested and which may properly be	iff Act of 1930, or pursuant to othe transacted or performed by an
Giving to said agent and attorney said grantor could do if present an these presents;	full power and authority to do anythind acting, hereby ratifying and confirm	ng whatever requisite necessary to be ning all that the said agent and attorn	done in the premises as fully as ey shall lawfully do by virtue of
This power of attorney to remain i power of attorney is a partnership from the date of its execution);	n full force and effect until revocatior , the said power shall in no case have	n in writing is duly given to and receive any force or effect in the United States	d by grantee (if the donor of the safter the expiration of two years
documents (i.e., commercial invoid	ces, bills of lading, insurance certificat	tee to act within the territory as lawful .es, drafts and any other document) ne n in the territory and to appoint forwar	cessary for the completion of an
the Parties. If the grantor is a Limit the Grantor.	ed Liability Company, the signatory of	<u>INC.</u> Terms and Conditions of Service of ertifies that he/she has full authority to	o execute this power on behalf of
IN WITNESS WHEREOF, the said (7)	(Full name of company)		
caused these presents to be sealed			·
(Capacity) : (9)	Date: (10)		
Witness:(if required)			

If you are the importer of record, payment to the broker will not relieve you of liability for U.S. Customs charges (duties, taxes or other debts owed CBP) in the event the charges are not paid by the broker. Therefore, if you pay by check, CBP charges may be paid with a separate check payable to "U.S. Customs and Border Protection" which shall be delivered to CBP by the broker. Importers who wish to utilize this procedure must contact our office in advance to arrange timely receipt of duty checks.

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Individual Or Partnership Certification

City				
County	SS:			
State				
On this Day of _	, 20, Per	sonally Appeared Befor	e Me	
Residing at			Personally Known or Su	ifficiently Identified to Me, who
Certifies that				
				D. Hr.)
			(Not	ary Public)
		Corporate Certificatio	n	
	(To be Made by an Officer	Other than the One who Exec	uted the Power of Attorney)	
l,	, C	ertify that I am the		of
	, Organized Under the	Laws of the State of _	that	
Who Signed the Power of A	ttorney on Behalf of the Donor, is	the of Said Corporation	n; and that Said Power of At	torney was Duly Signed, and
Attested for and in Behalf of	f Said Corporation by Authority o	f its Governing Body as	the Same Appears in a Rese	olution of the Board of Director
	g Held on the $_{}$ Day of $_{}$			-
	ince with the Articles of Incorpor	ation and Bylaws of Said	d Corporation and was Exec	uted in Accordance with the Lav
of the State or Country of In	corporation.			
In Witness Whereof, I have H	Hereunto Set My Hand and Affixe	d the Seal if Said Corpo	ration, at the City of	,
ThisDay of ,	, 20			
(Signature)			(Date)	

If the Corporation has No Corporate Seal, The Fact Shall be Stated, in which Case a Scroll or Adhesive Shall Appear in the Appropriate Place.

Instructions for Completing Customs Power of Attorney

STEP ONE: Identify the type of Power of Attorney

(1) In the upper right hand corner, check the appropriate box, LLC, Individual, Partnership, Corporation, or Sole Proprietorship. If none of those apply, please contact your Miami Valley Worldwide representative.

STEP TWO Provide Certain Grantor Information.

- (2) State the Employer Identification Number, also known as the federal tax identification number, of the Grantor. If an individual, state the Social Security Number.
- (3) Print (or type) the name of the Grantor. It must be the full legal name associated with the registered Employer Identification or Social Security Number.
- (4) If other than a Corporation, list either LLC, Individual, General Partnership, Limited Partnership, or Sole Proprietorship.
- (5) List the state or, if a foreign Grantor, the country and province in which the Grantor is doing business.
- (6) Provide complete business address where the Grantor resides or has its principal place of business.

STEP THREE Sign and date the Power of Attorney

- (7) The company name of the Grantor. For a partnership, either the names of each of the general partners or the partnership name. For individuals, enter your name.
- (8) Signature of a duly authorized person of this company (please sign and also type or print the name).

Note: The form must be signed by a duly authorized representative of the grantor (e.g. If a corporation, the President, Treasurer, Vice President, Secretary, CEO, CFO, CIO, or COO or, if another organization the Partner, Member, Director, or Owner.

- **U.S. Corporations:** If the Grantor is a Corporation and the signatory is not the President, Treasurer, Secretary, CEO, CFO, CIO, or COO, the attached "Corporate Certification" must be completed and returned attesting to the authority of the signatory to sign the Power of Attorney. If a "Corporate Certification" is not provided, a letter from a duly authorized officer of the corporation is required and the letter must certify that the signatory is authorized to sign the Power of Attorney by resolution of the Board of Directors, consistent with the articles of incorporation and bylaws of the Corporation.
- (9) The capacity of the signatory (titles) (President, Vice President, Secretary, CEO, CIO, or COO, Partner, Member, Director, Owner or other Duly Authorized Representative.
- (10) Write the date on which the signatory signed the Power of Attorney.
- (11) Witness if required by your company

STEP FOUR Please fax the completed Power of Attorney to us at (937) 222-4859 or email to your contact person, then mail the original POA to:

Miami Valley Worldwide, Inc. PO Box 2408 Dayton, OH 45401