

C&C Customs Brokerage Inc.

4415 W 145th Street, Unit 1, Lawndale, CA 90260, EMAIL:lan@cc-chb.com TEL: 310-644-4205, FAX: 310-644-4251

CUSTOMS POWER OF ATTORNEY

Check appropriate box: [ ] Individual [ ] Partnership [ ] Corporation [ ] Sole Proprietorship LLC

IRS/EIN: SSN/Date Of Birth: TEL FAX:

KNOW ALL MEN BY THESE PRESENTS:

That, doing (Full name of individual, partnership, corporation, sole proprietorship, or LLC) business as (DBA) a (Individual, partnership, corporation, sole proprietorship or LLC) (State of incorporation) under the laws of the State of residing or having a principal place of business at

(Full address - street, city, state, zip)

hereby constitutes and appoints

C&C Customs Brokerage Inc. ITS AUTHORIZED EMPLOYEES AND DESIGNED AGENTS

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 this date and in all Customs Districts, and in no other name, to make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, carnet or other document required by law or regulation in connection with the importation, transportation, or exportation of any merchandise shipped or consigned by or to said grantor; to perform any act or condition which may be required by law or regulation in connection with such merchandise; to receive any merchandise deliverable to said grantor; To make endorsements on bills of lading conferring authority to transfer title, make entry or 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 statement, schedule, certificate, abstract, declaration, or other affidavit or document is intended for filing in any customs district; 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, unloading or navigation of any vessel or other means of conveyance owned or operated by said grantor, and any and all bonds which may be 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 of merchandise. To sign and swear to any document and to perform any act that may be necessary or required by law or regulation in connection with the entering, clearing, lading, unloading, or operation of any vessel or other means of conveyance owned or operated by said grantor; To authorize other Customs Brokers to act as grantor's agent; to receive, endorse and collect checks issued for Customs duty refunds in grantor's name drawn on the Treasurer of the United States; if the grantor is a nonresident of the United States, to accept service of process on behalf of the grantor; And generally to transact at the customs houses in any district, any and all customs-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 and 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 confirming all that the said agent and attorney shall lawfully do by virtue of these presents: the foregoing power of attorney to remain in full force and effect until the day of 2, or until notice of revocation in writing is duly given to and received by a District Director of Customs. 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 execution.

\*\* IF YOU ARE THE IMPORTER OF RECORD, PAYMENT TO THE BROKER WILL NOT RELIEVE YOU OV LIABILITY FOR CUSTOMS CHARGES (DUTIES, TAXES, OR OTHER DEBTS OWNED CUSTOMS) IN THE EVENT THE CHARGES ARE NOT PAID BY THE BROKER. THEREFORE, IF YOU PAY BY CHECK, CUSTOMS CHARGES MAY BE PAID WITH SEPARATE CHECK PAYABLE TO "CUSTOMS AND BORDER PROTECTION" WHICH SHALL BE DELIVERED BY THE BROKER.

\*\* TO CONSTITUTE AND APPOINT OTHER LICENSED CUSTOMHOUSE BROKERS, WHO MAY ACT THROUGH ANY OF LICENSED OFFICERS OR ANY EMPLOYEES WITH POWER OF ATTORNEY ON FILE WITH SUCH LICENSED BROKERS AS REQUIRED BY THE REGIONAL COMMISSIONER OF CUSTOMS, AS TRUE AND LAWFUL AGENTS AND ATTORNEYS OF THE GRANTOR NAMED ABOVE FOR IN THE NAME, PLACE AND STEAD OF SAID GRANTOR FROM THIS DATE IN ALL CUSTOMS DISTRICT TO PERFORM THE SEVERAL ACTS DESCRIBED ABOVE.

\*\* GRANT HEREBY WAIVES A TRUE COPY OF THE BROKERAGE CHARGES IF THE FEES AND CHARGES ARE TO BE COLLECTED BY OR THROUGH THE FORWARDER.

\*\* THIS POA AUTHORIZES C&C CUSTOMS BROKERAGE INC TO FILE ISF FOR YOUR COMPANY.

IN WITNESS WHEREOF, the said (PRINT NAME)

Has caused these presents to be sealed and signed: (Signature)

(Capacity, CEO/CFO) (Date) WITNESS:

\*\* IF COMPANY, NEED ANY LETTER FROM IRS SHOWING COMPANY NAME/ADDRESS/IRS#. \*\* \*\* IF INDIVIDUAL, NEED SSN CARD COPY AS SUPPORTING DOCUMENT \*\* \*\* IF FOREIGN COMPANY, NEED WITNESS SIGN BY OTHER PERSON IN THE COMPANY \*\*

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice:  
Employer Identification Number:



Form: SS-4  
Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

004277

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [redacted]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.


*IRS  
Letter*      *Sample.*


## INSTRUCTIONS


**U.S. Customs and Border Protection ("CBP") requires documentary evidence that the person who signed the POA has the capacity stated, i.e., as President, Vice-President, Secretary, or Treasurer. A business card or other corporate documentation, such as the articles of incorporation or a corporate resolution, that sets forth the person's capacity is acceptable. The indicated capacity must match that set forth in the POA.**


- 1) Insert Federal identification Number (IRS) for Corporations or Social Security numbers for individuals.
- 2) Identify and check the type of organization (Corporation, Partnership, LLC, etc).
- 3) Insert Legal Company or individual name (including a d/b/a).
- 4) Insert Company address: must be a physical address.
- 5) Insert state of incorporation.
- 6) Insert Company name **same as # 3 above**.
- 7) Printed name of corporate officer (Officers only; under CBP regulations, managers and supervisors are not authorized to grant powers of attorney).

 8) Title of signer: must be a corporate officer for corporate power of attorney (Pres, V.P, Sec/ Tres).

 9) Signature.

 10) Date.

 11) WITNESS.

 If you are not on file with CBP, CBP requires documentary evidence that the IRS number on the POA is for the company named on the POA. Acceptable documents are an IRS form SS-4, copy of last year's tax return, or other official documentation **FROM** the IRS on **IRS letterhead**.

T Customs Broker, Inc.

5777 W. Century Blvd.  
Suite 965 Los Angeles  
CA 90045

P: (310) 645-9502 F: (310) 645-9302

(Foreign Entity Company's letter head)

**Signature Person's Capacity Statement for Foreign Entity**

**A board meeting of (company's name)**

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**was held on (date)\_\_\_\_\_ and authorization was issued**

**to(Officer's name) \_\_\_\_\_ to sign**

**power of attorney for U.S. Customs purposes issued to**

**C&C Customs Brokerage Inc on behalf of our corporation. Further, we**

**authorize C&C Customs Brokerage Inc to accept service of process on**

**behalf of our corporation. We authorize C&C to grant another agent if necessary.**

**Corporate Officer's Name(print):\_\_\_\_\_**

**Corporate Officer's Signature:\_\_\_\_\_**

**Signature Officer's Capacity(CEO/CFO):\_\_\_\_\_**

**Date:\_\_\_\_\_**

**Note:**

**Please provide below supporting copy to us.**

- 1) \*\* Need copy of "COMPANY'S COPORATION LICENSE" and its English Translation.**
- 2) \*\* Need copy of " COMPANY'S CORPORATION LEGAL REPRESENTATIVE" AND HIS OR HER ID OR PASSPORT COPY.**



# 营业执照

(副本)

统一社会信用代码 [REDACTED] 0170  
Unified social credit code

名称  
Company Name

类型  
Company Type

住所  
ADDRESS

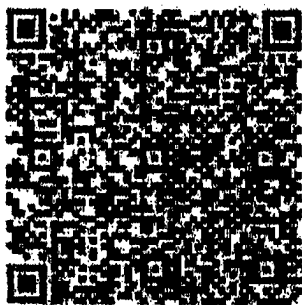
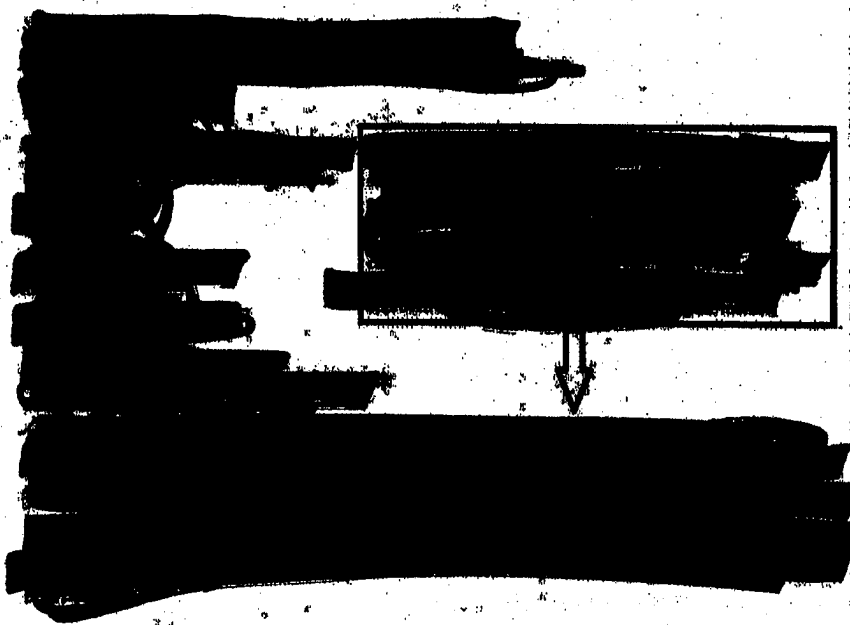
法定代表人  
LEGAL REPRESENTATIVE

注册资本  
REGISTERED CAPITAL

成立日期  
DATE OF ESTABLISHMENT

营业期限  
PERIOD OF BUSINESS

经营范围



登记机关

REGISTRATION AUTHORITY  
NANJING JINSHU MARKET  
SUPERVISOR ADMINISTRATION



2018年 01月 04日

04/1/2018