



Please complete any field below that is not provided on your Customs Invoice

Page ____ of ____

1. Submitting company name and address 2. Telephone 3. Fax 4. Contact name 5. E-mail Address 6. FDA registration number (if required for this facility)				7. Shipper name and address (if same as Submitting company, enter "SAME") 8. FDA registration number 9. Ultimate consignee name and address (if not indicated on Customs Invoice) 10. Shipment reference number(s)			
11. Country shipped	12. Port of arrival	13. Estimated arrival date	14. Estimated arrival time ☐ AM ☐ PM	15. Carrier name	16. Carrier country and SCAC code		
17. Airway bill / Bill of lading		18. Trip number			19. License plate number and province / state (private vehicle only)		

For each line (product) on your Customs Invoice, the following information is required:

LINE / PRODUCT DETAILS	20. Common, usual or market name		21. Estimated quantity and UOM	22. Lot / Code number
	23. Country of production	24. HTS Code *	25. FDA product code *	* TAHOCO may have in database or you may provide database
	26. Manufacturer name and address 27. FDA registration number		28. Grower / Consolidator name and address (goods in natural state only)	

LINE / PRODUCT DETAILS	20. Common, usual or market name		21. Estimated quantity and UOM	22. Lot / Code number (canned goods only)
	23. Country of production	24. HTS Code *	25. FDA product code *	* TAHOCO may have in database or you may provide database
	26. Manufacturer name and address 27. FDA registration number		28. Grower / Consolidator name and address (goods in natural state only)	

Continuation pages should be used for additional lines (products).

CONTINUATION SHEET

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