

CFZ LOCATORS REGISTRATION FORM FOR CDC-TFD AUTO BRING-IN AND AUTO BRING-OUT

CFZ LOCATOR REGISTRATION	<input type="checkbox"/> Auto Bring-In	<input type="checkbox"/> Auto Bring-Out
Company Name:	Date Submitted	Date Approved
Office Address:	Billing Address:	
Telephone Number:	Fax Number:	
Company Tax Identification Number (TIN)	CDC Registration Number / Valid Until	
President / General Manager/Signature	Telephone Number Cell phone Number Email Address	
Key Contact Person - Logistic / Traffic (Name and Position)	Telephone Number Cell phone Number Email Address	
Key Contact Person - Billing (Name and Position)	Telephone Number Cell phone Number Telephone Number	
Number of Items (Bring-In and Bring-Out)	Frequency, Volume of Transactions per Month	
Authorized Brokers / Forwarders		
Company Name	Address TIN	
Authorized Officer (Name and Position) Broker License #	Telephone Number Cell phone Number Email Address	
Company Name	Address TIN	
Authorized Officer (Name and Position) Broker License #	Telephone Number Cell phone Number Email Address	
Company Name	Address TIN	
Authorized Officer (Name and Position) Broker License #	Telephone Number Cell phone Number Email Address	

AUTHORIZED SIGNATORY:

SIGNATURE OVER PRINTED NAME

DATE