## Power of Attorney/ Designation as ISF and **Export Forwarding Agent and Acknowledgement of Terms and Conditions**



				Tel: 909	9-632-1643	Fax:909-632-1208
FÚL	KNOW ALL MEN BY THESE PRESENTS, That L NAME of Individual, Partnership, Corporation, Sole rietorship or Limited Liability Company (include DBA)					
(2)	RESIDING OR HAVING A PRINCIPAL PLACE OF BUSINESS AT (Full address – street, city, state, zip, phone no.)					
(3)	DOING BUSINESS AS A (check one)	Corporation	Individual	Sole Proprietorship	Partnership	Limited Liability Company
(4)	UNDER THE LAWS OF THE STATE OF					
(5)	and having IRS(EIN), SSN or Customs Assigned Number					
(6) If yo (7)	C-TPAT status – Are you a participant? Yes No u are a participant list <b>SVI</b> #  Do you have an ACH statement? If so, please indicate <b>ACH payer number</b> .					
act f (the	by constitutes and appoints <b>WorldCraft Logisti</b> for and on its behalf as a true and lawful agent and attorney "territory") either in writing, electronically, or by other aut	of the grantor for a chorized means, to:	nd in the name,	place and stead of said	grantor, from th	is date, in the United States
(AES	e, endorse, sign, declare, or swear to any customs entry, withde S), Automated Commercial Environment (ACE), carnet or any ortation, transportation, of any merchandise in or through the cu igned by or to said grantor;	other documents req	uired by law, reg	gulation or commercial p	ractice in connect	ion with the importation,
Perfo	orm any act or condition which may be required by law, regula	tion or commercial p	ractice in conne	ction with such merchand	lise deliverable to	said grantor;
certi	e endorsements on bills of lading conferring authority to transficate, declaration or affidavit required by law or regulation for ection;					
merc	, seal, and deliver for and as the act of said grantor any bond re- chandise exported with or without benefit of drawback, or in co ed or operated by said grantor, and any and all bonds which ma arations provided for in section 485, Tariff Act of 1930, as amo	onnection with the en	try, clearance, la en and accepted	ding, unlading or navigat ander applicable laws and	tion of any vessel d regulations, con	or other means of conveyance
	and swear to any document and to perform any act that may b ation of any vessel or other means of conveyance owned or op			ulation in connection with	h the entering, cle	aring, lading, unlading, or
recei	orize other Customs Brokers duly licensed within the territory ve endorse and collect checks issued for Customs duty refunds, to accept service of process on behalf of the grantor;					
Cust servi	tor acknowledges and waives the confidentiality requirements oms regulations that the Customs broker must transmit a copy ces and copies of the Customs entry documents and related do tor or other parties of interest and WorldCraft Logistics LLC.	of its bill for services	directly to the i	mporter, and authorizes t	he Customs broke	er to transmit its bill for
	generally to transact Customs business, including filing of clai grantor is or may be concerned or interested and which may pr				pursuant to other	laws of the territories, in which
and a	ng to said agent and attorney full power and authority to do an acting, hereby ratifying and confirming all that the said agent a	nd attorney shall law	fully do by virtu	e of these presents;	,	
the s	power of attorney to remain full force and effect until revocati aid power shall in no case have any force or effect in the Unite	d States after the exp	iration 2 years f	rom the dates of its execu	ıtion);	
prov frauc	rantor is a Principal Party in Interest ("PPI") in an export transa- ided to Grantee relating to exportation are true and correct. Fur- dulent statements or for the violation of any United States laws in, for export purposes, any export License or other official aut	thermore, Grantor/P or regulation on exp	PI understands tl	nat civil and criminal pen	alties may be imp	osed for making false or
	antor is a Limited Liability Company, the signatory certifies these and/or directors on a separate addendum to this documen		hority to execute	e this instrument on beha	lf of Grantor and	shall state the names of all
	rantor is a General Partnership, the signatory certifies that he/sl partnership on a separate addendum to this document.	ne has full authority t	o execute this in	strument on behalf of Gr	antor and shall sta	te the names of all members of
partr	rantor is a Limited Partnership, the signatory certifies that he/sl hers who have authority to execute this instrument on behalf of hership agreement with this instrument.					
invo regu	ointment as Forwarding Agent: Grantor authorizes the above C ices, bill of lading, insurance certificates, drafts and any other of lation in the territory and to appoint forwarding agent's on gran	document) necessary ntor's behalf;	for the completi	on of an export on granto	or's behalf as may	be required under law and
Grar	ntor acknowledges receipt of WorldCraft Logistics LLC. T	erms and Condition	s of Service go	verning all transactions	between the Part	ties.
(8) I	N WITNESS WHEREOF, the said	ull name of compar	nv)			
(9)	caused these presents to be sealed	an name of compar	·1)			

Witness: (if required)

and signed:

(Capacity)

(Printed Name and Signature)

COUNTY	On this day of Personally appeared be fore me	,20	
STATE	Residing at	ntly identified to me,	who certifies
	that	•	
Notary Public)	(is)(are) the individuals who execute (his/her/their) free act and deed.	d the foregoing instrument an	d acknowledged it to be
uone)	(ms/ner/men) nee act and deed.		
(11) CORPO	DRATE CERTIFICATION (FOR U.S. FI	RMS ONLY)	
(To be made by an of	fficer of other than the one who executes the	ne power of attorney)	
,, cert	ify that I am the	of _	
, organized under the law			
igned this power of attorney on behalf of the donor, is the			
hat said power of attorney was duly signed, and attested			
esolution of the Board of Directors passed at a regular m			
further certify that the resolution is in accordance with t	he articles of incorporation and bylaws of	said corporation and was execu	ited in accordance with the
aws of the State or Country of Incorporation.			
aws of the State or Country of Incorporation.			
	nd affixed the seal of said corporation,		
N WITNESS WHEREOF, I have hereunto set my hand an	nd affixed the seal of said corporation,		
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N WITNESS WHEREOF, I have hereunto set my hand an	ad affixed the seal of said corporation,  (Signature)		
N WITNESS WHEREOF, I have hereunto set my hand an			
N WITNESS WHEREOF, I have hereunto set my hand an			
aws of the State or Country of Incorporation.  N WITNESS WHEREOF, I have hereunto set my hand an at the City of his day of, 20	(Signature)		
N WITNESS WHEREOF, I have hereunto set my hand an t the City of his day of, 20	(Signature) ICATION (FOR NON-RESIDENT ENT		
N WITNESS WHEREOF, I have hereunto set my hand an t the City of his day of, 20  (12) CERTIFI 19 CFR 141.37	(Signature)  ICATION (FOR NON-RESIDENT ENT	AUTHORITÝ	
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N WITNESS WHEREOF, I have hereunto set my hand an at the City of and, 20  (12) CERTIFI 19 CFR 141.37 (To be completed by, cert, and that this original Cu a favor of WorldCraft Logistics LLC. is valid is known to me to be the	(Signature)  ICATION (FOR NON-RESIDENT ENT WRITTEN PROOF OF GRANTOR'S ya person other than the one who signed the diffy that I am the	authority e power of attorney)  of  , and to have been f	on, and ully authorized to grant the
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N WITNESS WHEREOF, I have hereunto set my hand an at the City of	(Signature)  ICATION (FOR NON-RESIDENT ENT WRITTEN PROOF OF GRANTOR'S ya person other than the one who signed the diffy that I am the	authority e power of attorney)  of  , and to have been f	on, and ully authorized to grant the
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(13) Valid Photo ID or Driver's License required for signature validation purposes only.



www.worldcraftlogistics.com Tel: 909-632-1643 Fax: 909-632-1208

## **Instructions for Completing the Power of Attorney**

<u> </u>	Instructions for Completing the Power of Attorney
Steps	Instructions
(1)	Print or type the name of the Grantor. It must be the full legal name associated with the registered Employer Identification Number (EIN#) or Social Security Number (SSN#)
(2)	Provide complete business address where the Grantor resides or has its principal place of business.
(3)	If other than a Corporation "Doing Business As" names that exist. If none apply, leave blank.
(4)	List the state, or if a foreign Grantor, the country in which the Grantor is doing business.
(5)	State the Employer Identification Number (EIN), also known as the federal tax identification number, of the Grantor. If it is an individual, please state the Social Security Number (SSN).
(6)	If Grantor is C-TPAT certified, please indicate yes or no and provide the Status Verification Interface number (SVI#).
(7)	If Grantor has an Automated Clearing House account (ACH), please indicate payer number.
(8)	List full legal name of company.
(9)	Signature of a duly authorized person of the company, Capacity and Date of signature.
	Note: The form must be signed by a duly authorized representative of the Grantor(e.g., If a corporation, the President, Vice President, Secretary, Treasurer, CEO, CFO, CIO, or COO, if another organization the Partner, Member, Director or owner.
(10)	Individuals, US Partnerships, LLCs and Sole Proprietorships
	If the Grantor is a general or limited Partnership or LLC, the Grantor shall state on a separate addendum the names of all the Partners, Members or Directors who have authority to execute the Power of Attorney on behalf of the Partnership or LLC. If the Grantor is a Limited Partnership, the Grantor shall also provide a copy of the Limited Partnership Agreement with the Power of Attorney in order to certify the names of the Partners who are authorized to execute the Power of Attorney. If the signatory is not a partner, Member or Director of the Partnership or LLC, or an Owner of a Sole Proprietorship, a letter from the Partnership, LLC or Owner must be provided certifying that the signatory is authorized to sign the Power of Attorney under the terms of the Partnership or LLC Agreement or the Sole Proprietorship.
(11)	Corporate Certification for US Firms only  If the Grantor is a Corporation and the signatory is not the President, Vice President, Secretary, Treasurer, 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.
(12)	Certification for Non Resident Entities  Except for foreign Grantors that are individuals, all foreign Grantors that are not qualified to conduct business in the United States must complete the attached "Corporate Certification" or provide other written evidence establishing the authority of the signatory to execute the Power of Attorney on behalf of the Grantor. Such written evidence must be consistent with the laws of the foreign country.
(13)	Valid Photo ID or Driver's License  Please provide a legible photo copy to validate signature on the Power of Attorney (POA) – Because a POA can authorize the movement of conveyances and merchandise into the United States, and to ensure that each POA is valid, CK Logistics A Subsidiary of Russell A Farrow (U.S.) Inc. joins U.S. Custom and Border Protection on national security frontlines in verifying the data used to screen what enters this country.
	NOTE – Personal ID information provided will be kept confidential for CBP POA validation purposes only.