

5106 CUSTOMS FORM INSTRUCTIONS FOR BUSINESSES

When electronically completing the forms, please follow the red Asterisk for full completion

Fields to complete:

SECTION 1:

- Type of Action: Check off "Notification of identification number"
- 1A: Indicate name of your business
- 1B: Indicate your EIN/I.R. S number in this format (ex: **12-3456789**)
- 1C: Check off box which applies (typical response is DBA)
- 1E: CBP numbers cannot yet be assigned; **please do not check off that you wish to be assigned a number.**
- 1F: Leave blank
- 1G: Check off that which applies (Corporation/LLC/Sole Proprietorship)
- 1H: Check off box that applies to your situation/amount of systems or imports you plan on
- 1I: Check off "Consignee/Ultimate Consignee"
- 1J through 1M: Leave blank

SECTION 2:

- 2A: Indicate address where you want your system to be shipped. Below, please indicate building type. (Typical response is "Residence").
- 2B: Only complete this section if you do not reside where your system is being shipped (ex: your billing address). Below, please indicate building type.
- 2C: Phone #
- 2E: Email address

SECTION 3:

- 3A: Business description
- 3E: Year business was established
- 3J: Indicate NAME, PHONE # and DIRECT EMAIL.

SECTION 4:

- Please print full name.
- Signature required
- Date required.

****Important information:**

- **Please double check each field before submitting** so that no information is missing. (This may cause extra delays if information is missing).
- **If completing electronically**, you will know it was successfully completed when you receive a confirmation and copy of completed form in your inbox. The form will also be automatically sent to our shipping coordinator.
- **If completing manually**, you can submit the scanned form to melissa@neurooptimal.com or it can be faxed to 815-425-8517.
- Please contact melissa@neurooptimal.com if you have further questions.