



5106 CUSTOMS FORM INSTRUCTIONS FOR INDIVIDUALS

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 your full name
- 1B: Indicate your social security number in this format (**ex: 123-45-6789**)
- 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 "Individual"
- 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:

- Leave all of section 3 blank. This only applies when the I.R.S number and corporation information is given.

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@neuroptimal.com or it can be faxed to 815-425-8517.
- Please contact melissa@neuroptimal.com if you have further questions.