

**POWER OF ATTORNEY FOR
NONRESIDENT CORPORATION**

KNOW ALL MEN BY THESE PRESENTS:

That _____, a Corporation doing business under the
(Name of Company*)

Laws of _____*, whose Registered Office is at

_____,* having officers and places of business at the aforesaid

Registered Office, hereby constitute and appoint:

**Worldwide Logistic Partners, Inc.
1540 Carlemont Drive, Ste J
Crystal Lake, IL 60014, U.S.A.**

To act through any of its licensed officers or any employee authorized to act for such Corporation by Power of Attorney filed by the Corporation with the District Director of Customs, covering ALL PORTS as a true and lawful agent and attorney of the principal named above with full power of attorney and authority to do and perform every lawful act said principal could do if present and acting and hereby ratify and confirm all that the said agent and attorney shall lawfully do or cause to be given. We hereby authorize **Worldwide Logistic Partners, Inc.** to authorize other Customer's Brokers to act as the grantor's agent.

*Denotes Required Field

*Full Contact Name:		*Foreign Phone Number:	
Foreign Fax Number:		*Contact Email Address(es):	
*Has Foreign entity ever been assigned a CBP Importer Number? (check one): YES NO	If yes, please provide Customs Assignment Number or EIN: _____		
*Has this foreign entity ever been assigned a CBP Importer number using a different Importer Name? (check one): YES NO	If yes, list all company name and/or previously assigned "Customs Assignment Number(s)" on a separate word document and return document with signed POA to WWLP.		
*Does this foreign entity have an active continuous bond already on file with US Customs? (check one): YES NO	If yes, please provide the Bond Number and Effective Date: Bond No.: _____ Eff Date: _____		

IN WITNESS where of we have hereunto set our name and affixed the seal of the said Company in accordance with the bylaws of the said Company this _____, _____, 20____.
(Month) (Day) (Year)

Director (Please PRINT your name)

Director (Signature)

Witness (Signature)

FOREIGN POWER OF ATTORNEY COMPLETION INSTRUCTIONS

1. That _____ (insert the full legal name of your company)
2. Doing business under the laws of ____ (insert the name of the registered country of your company)
3. Whose Registered office is at ____ (insert the complete street address, city and postal code)
4. Full Contact Name (insert the complete first and last name of the authorized contact at your company)
5. Foreign Phone Number (insert the complete telephone number for your business)
6. Foreign Fax Number (insert the complete facsimile number for your business)
7. Contact Email Address(es) (insert the email address or addresses if multiple for the authorized contact person(s) at your business)
8. Check Box YES or NO depending on whether or not your business has ever been assigned a CBP Importer Number previously
9. If yes, please provide the number previously assigned to your company
10. Check Box YES or NO depending on whether or not your business has ever been assigned a CBP Importer Number using a different Importer Name than business listed on your POA.
11. IN WITNESS (insert the Month, Day, Year of date you are signing the POA)
12. Director (Enter in the complete first and last name of an authorized Director or Officer of Your Company)
13. Director Signature (must be signed by the authorized Director or Officer of your company you have indicated above)
14. Witness Signature (only required if the company is a limited liability or individual)

*** All fields above are required with the exception of Item # 6 (and Item # 11 if you are not a limited liability or individual business type)**