



## Importer Security Filing Authorization

**Date:**

**Company Name:**

**Contact Person:**

**Title:**

**Street Address:**

**City:**

**State/Province:**

**Zip/Postal Code:**

**Country:**

**Phone:**

**Fax:**

**Email:**

**We hereby agree that AMERICAN EMO TRANS, INC. will be our filer for all of our Importer Security Filings (10+2). All commercial documents, packing lists and transportation documents will be sent to AMERICAN EMO TRANS within 48 hours of vessel departure.**

**Yours Truly,**

**Print your name:** \_\_\_\_\_

**Title:**