

UNITED STATES CUSTOMS SERVICE AUTOMATED CLEARINGHOUSE CREDIT ENROLLMENT

(This form will be used to maintain point of contact information)

Please type or print information

Mark o	ne:New Enr	ollee	_Change of Information
Date:			
Payer Company Name: _			
Payer Company Address: _			
_			
Payer Contact Name(s): _			
Payer Phone Number(s): ()	Fax:	()
Payer Identification Number: (Importer, Social Security or			
Name of Company Official	S	Signature c	f Company Official
If your company uses multiple would be used most frequent		-	e the number/code that
The completed enrollment fo	rm should be faxed or	mailed to:	
U.S. Customs Service Accounting Services Division 6026 Lakeside Blvd. Indianapolis, IN 46278 Attn: Mrs. Dee Baskerville		Fax:	(317) 298-1379
		Phone:	(317) 298-1200 x 1357
You must initiate a prenote, non-dollar amount (\$0), with addendum record transaction and you must notify Customs of the date of the prenote. Once prenote transaction has been completed then Customs will assign an effective date to begin using your account for live transactions.			
(To be completed by the U.S. Customs Service)			
Effective Date (The effective date is the first	date that the ACH Cre		ure of Customs Official nay be originated)