



**3 VERIFICATION OF MAILING ADDRESS**

a. Mark one of the following:

- 1  Mail the CFS questionnaires to the establishment's shipping address, as listed in 2a or 2b. (Proceed to Section 3c.)
- 2  Mail the CFS questionnaires to the address for this establishment entered in 3b.

b. Mailing Address.

Company Name			
Address 1			
Address 2			
City	State	Zip Code	

c. Provide the name and title of the individual who could best give information about the shipments made from this establishment.

Name
Title

**4 ANNUAL VALUE OF SHIPMENTS**

Mark the box that best represents your estimate of the total annual value of all shipments originating from this location (*verified or corrected in Section 2*).

- |  |  |
|--|--|
| <input type="checkbox"/> \$0, establishment had no shipments             | <input type="checkbox"/> \$50 million or more but less than \$200 million  |
| <input type="checkbox"/> More than zero but less than \$1 million        | <input type="checkbox"/> \$200 million or more but less than \$500 million |
| <input type="checkbox"/> \$1 million or more but less than \$5 million   | <input type="checkbox"/> \$500 million or more but less than \$1 billion   |
| <input type="checkbox"/> \$5 million or more but less than \$20 million  | <input type="checkbox"/> \$1 billion or more but less than \$5 billion     |
| <input type="checkbox"/> \$20 million or more but less than \$50 million | <input type="checkbox"/> \$5 billion or more                               |

**5 Provide the name and phone number of the individual completing this form.**

Contact Name			
Area Code	Contact Number	Extension	

**6 REMARKS**

