DSS Mexican Customs Information Sheet

BURLINGTON NORTHERN SANTA FE INTERMODAL SERVICE TO MEXICO

Trailer/Container No:Origin Ramp:				
			Phone:	
Contact:		Fax:		
Exporter:				
Name:			IRS#	
			Zip Code:	
Phone:			Fax:	
Importer of record:				
Name:				
Address:				
City:			RFC # (Mexican import number):	
Phone:	Contact:		Fax:	
Name:	sical delivery address for door			
			Zip Code:	
	Contact:			
Name:	Mexican Destination Ramp)			
Phone:	Contact:		Fax:	
Required for In-transit doc	umentation:			
Country of Exportation:		Country of Origir	n:	
Number of Bundles:	Weight:	Commercia	Commercial Value:	
			Bill of Lading #	
General Commodity Descrip	otion:		-	
		tion of merchandise, I a	lso understand this information will b	
	learance subject to Mexican			
	•	J	(Signature)	

Note: Double Stack Services (DSS) will prepare the Shippers Export Declaration (required for all exports) for US Census. In order to do so they must have Power of Attorney or written authorization from the USPPI, (Exporter). If other arrangements have been made for filing of the SED please confirm with DSS.

This completed form must be sent via FAX or E-mail to DSS the same day that the container is delivered to the origin ramp.



Fax to: Double Stack Services (DSS)
Fax: (915) 860-1708 Phone: (915) 633-6104
E-mail: dss@doublestackservices.com
Attn: Southbound Clerk

