



PAPS Fax Cover Sheet

Please enter your information here:
In order to lookup, you must enter data exactly into boxes marked with a *

Today's Date:*

Pages Transmitted:

Contact Name:*

Contact Phone #:

Submitter/Shipper:

Shipper Account #:

We assume that the shipper is the Manufacturer/Grower, unless otherwise indicated.

Estimated Date: (mm/dd/yy)

and Time:

of Arrival

Port of Arrival:

Carrier Name:

Carrier Origin:

PAPS #:

The following items need to be listed on your invoice, or an attachment:

1. Shipper FDA Registration number - if shipper manufactures, processes, packs or holds food.
2. Manufacturer/Grower FDA Registration Name AND Number if different than the shipper.
3. FDA Product Code Number.
4. Brand Name of product if different from the Invoice description.
5. Customs Harmonized Number.
6. Country of Manufacture/Production.
7. IRS Number for the Buyer.

Notes: