

S. Kido & Company, Inc.

Customhouse Brokers
521 Ala Moana Blvd., Suite 209
Foreign Trade Zone #9 – Pier 2
PH: (808) 537-9511
FAX: (808) 599-4518

MAILING ADDRESS:
P.O. Box 3109
Honolulu, Hawaii 96802

(rev. 08/2019)

Dear Importer:

Date: _____

Please complete this coversheet and the attached Customs Power of Attorney (POA) Form. After reviewing all details please sign the attached Customs POA Form. **The person signing this Power of Attorney Form must be the “individual”, “owner”, or “corporate officer” of the business under which this POA will be authorized.** By providing the “signed” Customs Power of Attorney Form, you are hereby granting S. Kido & Co., Inc. authority to conduct U.S. Customs and Border Protection business on your behalf.

Please scan and email this completed coversheet and the attached signed Customs Power of Attorney form to:

.skido@hawaiiantel.net along with your “proof of identity”. For individuals and sole proprietorships operating under a Social Security number please provide a “scanned”* copies of your **picture ID** (with current address) and your **social security card**. For LLC’s and businesses operating under an IRS assigned EIN Number, please provide a “scanned” copy of your **IRS EIN SS-4**. These documents are primary forms of “proof of identity” accepted by U.S. Customs and will be kept confidentially. (*No “photo copies” please.)

As an option to email you may consider faxing the above documents to us at 808-599-4518 or forwarding copies to us by U.S. mail at P.O. Box 3109, Honolulu, Hawaii 96802 (time permitting).

Thank you!
S. Kido & Co., Inc.

Name: _____

DBA (if any): _____

Name of person signing the POA Form: _____

Title of person signing the POA Form: (circle one) Individual Owner President Vice Pres. Other: _____

Business Type (circle one): Individual Sole Proprietorship Partnership Corporation Limited Liability Company

Federal Tax ID number: _____ or Social Security Number: _____

Physical Address: _____

Mailing Address: (if other than above) _____

Contact Person: _____ Phone Number: _____

Cell Number: _____ Fax Number: _____

Email Address: _____