

Registration Form



Date: _____

To: The Chamber of Commerce - Grand Haven, Spring Lake, Ferrysburg

Exporter Freight Forwarder
 (Please tick appropriate box)

Name of Company/Freight Forwarder/Broker, etc.:

Organization: _____

Address: _____

Address: _____

City/ State/ Zip Code: _____

Taxpayer Identification Number: _____

For Non-U.S. companies, please use VAT/ GST or similar taxpayer number.

Please Complete

In consideration of The Chamber of Commerce - Grand Haven, Spring Lake, Ferrysburg ("The Chamber") from time to time granting Certificates of Origin and other export-related documents, or otherwise certifying documents upon request by the above named Organization (henceforth referred to as the "Organization"), the Organization hereby accepts FULL responsibility for the veracity, accuracy and completeness of such documents as are submitted by the Organization (and/or its representatives), or by the Organization on behalf of any of its clients.

The Organization also affirms that the documents submitted for certification will not pertain to the export of controlled goods; if affirmative, that it (or its clients) will obtain the necessary authorizations prior to submission to the The Chamber.

Further, the Organization waives and agrees to release and hold harmless the The Chamber and its officials in respect of all claims or expenses that the Organization or foreign authorities may have against the The Chamber or its officials or agents, now or in the future, in connection with such certification, and to indemnify the The Chamber, its officials and agents in respect of any costs or liability to the The Chamber, its officials or agents arising from such certification.

The Organization acknowledges that the The Chamber will keep copies of documents certified with the background documentation provided. If the The Chamber is presented with a demand for production of documents which is authorized by law, the Organization authorizes the The Chamber to produce documents received from the Organization in accordance with the demand. The Organization also agrees to make readily available to the The Chamber any other background documents (to be kept by the Organization for at least three years after the certification), for review by relevant authorities if requested.

Primary Contact/ Authorized Official: This is the exporter's primary contact for certification matters. For users of Tradecertify, the online Certificate of Origin system, this will be the primary system user who has authority to set up other users within the Organization.

Please Complete

Mr. Ms.

(Print/ type full name of Primary Contact. Complete even if Primary Contact is same as Authorizing Official)

Job Title:

eMail Address:

Tel: Fax:

Applications for Certificates of Origin are accepted under the below terms of conditions, which apply to each Application made, and you Agree to these terms and conditions:

- The goods mentioned in each Application originate in the country(ies) specified therein and comply with the rules of origin applicable in the country(ies) to those goods.
- The information in the Application and in all documents provided to the Grand Haven Area Chamber of Commerce ("The Chamber") is accurate, true and complete.
- The Applicant undertakes to advise The Chamber and any other person(s) to whom the applicant provides each Certificate (or to whom a Certificate is provided to with the knowledge of the Applicant) promptly in writing of any inaccuracy, omission or change in such information, or in the origin of the goods.
- The Applicant will maintain, and present upon request, such documentation as is necessary to verify the truth, accuracy and completeness of each Certificate and accompanying documents.
- In consideration for The Chamber's issuance of each Certificate, the Applicant agrees to release, discharge and hold harmless The Chamber from any liability in connection with the issuance of the Certificate, and to indemnify The Chamber in respect of any costs and/or claims made against The Chamber in connection thereof.
- - The Authorized Official is authorized to give the undertakings set out herein and above.

Signature of Authorized Official (seal if available)

X _____

Print Name of Authorized Official

Print Title of Authorized Official

Upon completion of your registration with The Chamber of Commerce - Grand Haven, Spring Lake, Ferrysburg, we will email the Primary Contact login details to our online Certificate of Origin system.

Forward sianed form to:

Questions?
 1-616-842-4910

atripp@grandhavenchamber.org
 or
 Fax
 1-616-842-0379

The Chamber of Commerce - Grand Haven, Spring Lake, Ferrysburg

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