



144 Research Drive, Hampton, Virginia, 23666, USA
 P: +1-757-224-0177 F: +1-757-224-0179 E: pn@registrarcorp.com

Prior Notice
For Food in Baggage
When Flying into U.S.

Complete this and fax it along with the completed Payment page to the USA at: +1-757-224-0179.

Individual Carrying the Food

Individual's Name: _____ FDA Registration # (11 digits): _____
 (If Available)
 Physical Address: _____ City: _____
 State / Province /Region: _____ Postal Code: _____ Country: _____
 Telephone: _____ Fax: _____ E-mail: _____

Location where Individual will be staying while in USA

Physical Address: _____ City: _____
 State: _____ Postal Code: _____
 Telephone: _____ Fax: _____ E-mail: _____

Flight Information

Airline Name: _____ Country of Airline: _____ Flight Number: _____
 Name of U.S. Airport of Entry: _____ Expected Date & Time of Arrival in the U.S. _____

Product Information

Description of Food and/or Beverages	No. of Cases	Net Wgt/Case	Manufacturer's Name, Address, Region & Country (Leave blank if same as Shipper)



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**Prior Notice
 Payment**
 for Food carried into
 the U.S. in Baggage

This document serves as your payment voucher for Prior Notice. Please return this page by fax along with the appropriate "Prior Notice" form so that we may file your Prior Notice with the U.S. FDA.

Company (or Individual's) Information:

Individual *or*
 Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Select The Amount You Wish To Purchase:

<u>Description</u>	<u>Unit Price</u>	<u>Total</u>
<input type="checkbox"/> 1 Entry into the U.S. <i>(Credit Card Payment Only)</i>	\$ 29.95 each	\$ 29.95 USD
<input type="checkbox"/> 10 Entries into the U.S. <i>(Choose Any Payment Method Below)</i>	\$ 24.95 each	\$ 249.50 USD
<input type="checkbox"/> 25 Entries into the U.S. <i>(Choose Any Payment Method Below)</i>	\$ 19.95 each	\$ 498.75 USD

Choose From The Following Payment Options:

Credit Cards For credit card payments, please complete the section below and **FAX** the completed documents and this invoice to the U.S.: +1-757-224-0179

Type of Card: Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

Wire Transfer For payments by wire transfer, please **FAX** all completed documents to the U.S.: +1-757-224-0179 and wire the amount shown below using the following bank information:

Bank Name:	SunTrust Bank
Address:	Richmond, Virginia. USA
Beneficiary:	Registrar Corp.
Swift Number:	SNTRUS3A
Routing Number (ABA Number):	061000104
Account Number:	1000013052369

Checks: Payments by check must be denominated in U.S. Dollars and drawn on a U.S. bank payable to: "Registrar Corp." For payment made with a check, please return the documents and the check via Express Mail to the address shown above using FDA Registrar Corp.'s **Federal Express account number: 2738-6100-9** or FDA Registrar Corp.'s **DHL account number: 964659537**