

FDA Dietary Supplements

FUA Dietary 3	upp	nements								
Account Number				Account Name						
DUNS Number (if available)					Client Part Number*					
Description of Product (as co	omplete a	as possible)								
Government Agency Processing Code					Tariff Number					
DSU Dietary Supplements										
FDA Product Code (if known)					Customs Country of Origin**					
FDA Country of Origin**	Cargo Storage Status			Processing (if other, specify)			,	Product is for		
Please answer the following Ready to Earlie Prescription			-							
Single ingre										
** U.S. Customs considers the coincrease in value.) The FDA coinvolved in the production of the FDA Actual Manufactus Company Name	nsiders food. 2	the country of origi	n to							
Address			City			State/Provir	ce Zip/Postal Code			
Country			Food Facility Registra		y Registration N	umber	DUNS Number (if available)		(if available)	
FDA Shipper (As shown on Customs document, BOL or airway bill) Company Name										
Address			City			State/Provir	nce	Zip/Postal Code		
Country			Food Facility Registration		y Registration N	umber	DUNS Number (if available)			
Prior Notice Submitte	r Info	rmation								
Contact Name										
Contact Phone No.				Contact E-mail Address						