

CONSIGNEE TSCA AUTHORIZATION

I, _____ AUTHORIZE FEDEX TRADE NETWORKS TO USE THE TSCA

FORM COMPLETED BY

_____.

TO BE USED FOR CLEARANCE FOR AWB (TRACKING NUMBER _____).

COMPLETED BY:

CONSIGNEE NAME: _____

JOB TITLE: _____

COMPLETE COMPANY/PERSONAL NAME AND ADDRESS:

NAME: _____

ADDRESS: _____

STATE, ZIP _____

TELEPHONE _____

EMAIL ADDRESS _____

DATE _____

SIGNATURE: _____