

Application for Reimbursement of Assessment on Imported Cotton and Cotton Content of Imported Products

Reimbursement No. For CB Office purposes only

Cotton Board 5050 Poplar Avenue Suite 1900 Memphis, TN 38157

Phone: (901) 683-2500 Fax: (901) 685-1401

Reimbursement Mailing Address: Name, Address, City, State, Zip, Telephone, Contact Person

Importer of Record Name and Address: Name, Address, City, State, Zip, Customs Importer Identification No.

Check Appropriate Category: U.S. Produced Cotton, No Cotton Content, Extra Long Staple Cotton, Corrections

Description of Merchandise*

Table with 4 columns: 10 Digit HTS Classification of the Imported Product, Net Weight In Kilograms, \$ Amount of Cotton Fee Paid, Date Fee Was Paid

Continued on page 2 I have attached a separate spreadsheet with this information

Customs District of Entry, Exporting Country, Country of Origin

Total Reimbursement Requested \$

Certification: I declare that the information provided in this application is true and correct to the best of my knowledge.

Please print and sign below.

Printed Name, Signature, Date

*Attach a copy of the U.S. Customs and Border Protection form 7501 Entry Summary and Commercial invoices or other such documentation in english indicating the origin of the production or type of the cotton fiber used to produce the imported product.

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