



Importer Security Filing

Your Reference# _____ Date: _____

Your Name: _____

Company Name: _____

Address: City, State, Zip _____

Tel# _____ Fax# _____ Email: _____

Container Stuffing Date: _____ Vessel Sailing Date: _____

ETA US Port: _____ Container Number (s): _____

ISF Field	Name	Street Address	City	State/Province	Zip	Country
Manufacturer						
Seller						
Container stuffing location						
Importer of Record						
Buyer						
Ship To Party						
Consolidator/ Fwdr						

Commodity Description	C/O	Manufacturer	HTSUS (Min 6 Digits)

* Bill of Lading	SCAC	Bill of Lading #
* Master SS Line		
* House AMS Filed		
* Please provide only AMS filed bill of lading numbers.		

Notes: