

Import Security Filing (I.S.F.) 10+2

SEND DATE	REF#	SHIPM. TYPE	ISF#
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SENDER:	COMPANY NAME	INDIVIDUAL NAME	RETURN E-MAIL/FAX NUMBER
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PLEASE SEND US WITH COPY OF COMMERCIAL INVOICE & B/L

Master B/L No.		House B/L No.	
Master SCAC Code		AMS SCAC Code	
AMS B/L NO.		Commodity	
Vessel Name		Unit Q'ty	
Voyage No		Gross Weight	
Port of Loading		ETD	
Port of Discharge		ETA	
Final Destination		CONTAINER NO.	

1. IMPORTER OF RECORD	2. ULTIMATE CONSIGNEE
NAME	NAME
ADDRESS	ADDRESS
CITY, ZIP, COUNTRY	CITY, ZIP, COUNTRY

3. SELLER	4. CONSOLIDATOR
NAME	NAME
ADDRESS	ADDRESS
CITY, ZIP, COUNTRY	CITY, ZIP, COUNTRY

5. BUYER	6. SHIP TO
NAME	NAME
ADDRESS	ADDRESS
CITY, ZIP, COUNTRY	CITY, ZIP, COUNTRY

7. CONTAINER STUFFING LOCATION	8. MANUFACTURER NAME
NAME	NAME
ADDRESS	ADDRESS
CITY, ZIP, COUNTRY	CITY, ZIP, COUNTRY

9. TRAFF #	10. Booking Party (Only I.E. & T&E shipment)

11. Country of Origin	<i>PLEASE SEND US WITH COPY OF COMMERCIAL INVOICE & B/L</i>