



## 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
<b>Manufacturer</b>						
<b>Seller</b>						
<b>Container stuffing location</b>						
<b>Importer of Record</b>						
<b>Buyer</b>						
<b>Ship To Party</b>						
<b>Consolidator/ Fwdr</b>						

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:**