

INTERNATIONAL SHIP AND CARGO INFORMATION FORM (ISF)

Importer of Record Number: _____

Importer Information:

Company Name: _____

Address: _____

Contact Name: _____

Phone Number: _____

Consignee Number:

Consignee Information:

Company Name: _____

Address: _____

Contact Name: _____

Phone Number: _____

Ship Information:

Vessel Name: _____

Voyage Number: _____

Carrier SCAC Code: _____

Port of Unlading: _____

Importer Security Filing Data:

Manufacturer (Supplier) Name: _____

Manufacturer (Supplier) Address: _____

Seller Name: _____

Seller Address: _____

Buyer Name: _____

Buyer Address: _____

Ship to Party Name: _____

Ship to Party Address: _____

Container Stuffing Location:

Name: _____

Address: _____

Consolidator (Stuffer) Number:

Consolidator (Stuffer) Name:

Consolidator (Stuffer) Address:

Goods/Shipment Information:

HTSUS Number: _____

Country of Origin: _____

Harmonized Tariff Description: _____

Container Numbers: _____

Seal Numbers: _____

The undersigned certifies that the information provided in this ISF Form is true, correct, and complete to the best of their knowledge. The filing party understands and agrees to comply with all applicable United States laws and regulations pertaining to Importer Security Filing requirements and acknowledges that the failure to provide accurate and timely information may lead to penalties and delays. This certification is legally binding and enforceable under United States law.

Authorized Signatory:

Name: _____
Title: _____
Signature: _____
Phone Number: _____
Email Address: _____

AUTHORIZED SIGNATORY

IMPORTER OF RECORD

Signature: _____

Signature: _____

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