

Importer Security Filing (10+2)

Information Collection Form

SHIPMENT DETAIL

Master B/L: <input type="text"/>	House B/L: <input type="text"/>	PO#: <input type="text"/>
Vessel: <input type="text"/>	Origin Port: <input type="text"/>	ETD: <input type="text"/>
Voyage: <input type="text"/>	Discharge Port: <input type="text"/>	ETA: <input type="text"/>

ISF REQUIRED INFORMATION

Importer of Record Number: <input type="text"/>	Buyer Name and Address: <input type="text"/>
Ultimate Consignee Number: <input type="text"/>	
Seller Name and Address: <input type="text"/>	Ship To Name and Address: <input type="text"/>
Consolidator Name and Address: <input type="text"/>	Stuffing Location Name and Address: <input type="text"/>

Description	HTS Number (6 digits)	Country of Origin	Manufacturer Name & Address