

ISF DECLARATION

1. Supplier / Manufacturer :		7. Importer's Full Name :	
Address :		Address :	
City / Province :		City / Province :	
Zip / Postal Code :		Zip / Postal Code :	
Country:		Country:	
2. Seller's Name :		8. Consignee's Full Name :	
Address :		Address :	
City / Province :		City / Province :	
Zip / Postal Code :		Zip / Postal Code :	
Country:		Country:	9
3. Buyer's Full Name :			
Address :		9. Country of Origin :	ľ
City / Province :		10. Date loaded on vessel	ľ
Zip / Postal Code :		11. First U.S. port of lading & ETA	3
Country:	200	12. Final U.S. port & ETA	
4. Ship-To Party's Name :		13. Purchase Order Number :	
Address :		14. Carrier and Carrier SCAC Code	
City / Province :		15. Master Bill of Lading Number	
Zip / Postal Code :		16. Master Bill of Lading SCAC Code	
Country:	IJĬ	17. House Bill of Lading if applicable	
5. Container Stuffing Location :		18. House Bill of Lading SCAC Code	
Address :		19. AMS FilingHBL# orMBL#	
City / Province :		20. Container #	
Zip / Postal Code :		21. Is this a 20FT, 40FT, 40OT or LCL	
Country:		22. Vessel & Voyage #	
STUFFING LOCATION 2			
Address :			
City / Province :		23. Name of person who completed ISF	
6.Consolidator (Stuffer) Name:		24. Company	
Address :		25. Email address	
City / Province :		26. Date completed	
Zip / Postal Code :			
Country :			
Description	Part Number	HTS#	PO Number
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*** EVERY SINGLE BOX ON THIS DOCUMENT MUST BE COMPLETED OR WE WILL NOT ACCEPT IT OR TRANSMIT TO CUSTOMS ***