

181 S. Franklin Ave, Valley Stream, NY 11581
www.intl-logistics.com



Tel: 516.791.9100 Fax: 718.481.7007
info@intl-logistics.com

ISF 10+2 - Importer Security Filing

Vessel Name:	Voyage # :
ETD:	OBL # :
Container # :	AMA Manifest # :
AMS House Bill # :	Sub House Bill # :
MANUFACTURER / SUPPLIER:	BUYER:
(Name, address, city, state, zip code)	(Name, address, city, state, zip code)
SELLER:	SHIP TO:
(Name, address, city, state, zip code)	(Name, address, city, state, zip code)
CONTAINER STUFFING LOCATION:	IMPORTER OF RECORD:
(Name, address, city, state, zip code)	(Name, address, city, state, zip code)
	EIN #
CONSOLIDATOR NAME:	CONSIGNEE:
(Name, address, city, state, zip code)	(Name, address, city, state, zip code)
	EIN #
EXPORTING FORWARDER:	COUNTRY OF ORIGIN:
(Name, address, city, state, zip code)	
	COMMODITY / HTS NUMBER (6 DIGITS):
CONTAINER <input type="checkbox"/>	LCL <input type="checkbox"/>
SIZE:	

Please make sure all information is sent to us at least 48 hrs prior to loading on the container.

This form must be completed with all the information correct and in good order. Failure to comply with this requirement may result in penalties being assessed by US Customs and Border Protection of up to \$10,000 against the importer of record. The broker and carrier shall not be held liable for any penalties however so caused.