



# MIDWEST TRANSATLANTIC LINES, INC.

1230 WEST BAGLEY ROAD BEREA OHIO 44017 440-243-1993 FAX: 440-243-1996

COLUMBUS OHIO:

614-834-9499 FAX: 614-834-9398

## Importer Security Filing 10+2 Worksheet

A commercial invoice, with complete details for proper Customs classification using the Harmonized Code must be attached to this document and sent via email to: [ISF@mtalines.com](mailto:ISF@mtalines.com)

Any deviations from this format may cause delays in the filing of your ISF.

### **Shipper Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Providence: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Seller (if different from shipper)**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Providence: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_



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## **Manufacturer Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Providence: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

## **Consolidator or Booking Agent**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Providence: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

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INTERNATIONAL FREIGHT FORWARDING  
EXPORT AND IMPORT  
OCEAN AND AIR



## **Container Stuffing Location**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Providence: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

## **Importer**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

IRS#: \_\_\_\_\_

Telephone: \_\_\_\_\_



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**Buyer** (if different from importer)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

IRS#: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Consignee** (if different from Importer)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

IRS#: \_\_\_\_\_

Telephone: \_\_\_\_\_

**SHIPPING INFORMATION**

Vessel: \_\_\_\_\_

Sailing Date: \_\_\_\_\_

Master Bill of Lading #: \_\_\_\_\_

House Bill of Lading #: \_\_\_\_\_

Container #: \_\_\_\_\_