

Importer Security Filing 10 + 2 Worksheet

<u>Shipper Information</u>	
Name:	
Street Address:	
City:	
Providence:	
Postal Code:	
Country:	
Telephone:	
<u>Seller (if different from shipper)</u>	
Name:	
Street Address:	
City:	
Providence:	
Postal Code:	
Country:	
Telephone:	
<u>Manufacturer Information</u>	
Name:	
Street Address:	
City:	
Providence:	
Postal Code:	
Country:	
Telephone:	

<u>Consolidator or Booking Agent</u>	
Name:	
Street Address:	
City:	
Providence:	
Postal Code:	
Country:	
Telephone:	
<u>Container Stuffing Location</u>	
Name:	
Street Address:	
City:	
Providence:	
Postal Code:	
Country:	
Telephone:	
<u>Importer</u>	
Name:	
Street Address:	
City:	
State:	
Zip Code:	
Country:	
IRS#:	
Telephone:	

<u>Buyer</u> (if different from importer)	
Name:	
Street Address:	
City:	
State:	
Zip Code:	
Country:	
IRS#:	
Telephone:	
<u>Consignee</u> (if different from Importer)	
Name:	
Street Address:	
City:	
State:	
Zip Code:	
Country:	
IRS#:	
Telephone:	
<u>SHIPPING INFORMATION</u>	
Vessel:	
Sailing Date:	
Master Bill of Lading #:	
House Bill of Lading #:	
Container #:	
A commercial invoice, with complete details for proper Customs classification using the Harmonized Code must be attached to this document and sent via e-mail to:	
<u>ISF@MTALINES.COM</u>	
Any deviations from this format may cause delays in the filing of your ISF	