



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

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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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 #: _____