



Importer Security Filing (ISF) 10+2

Seller: Name and address of the last known entity by whom the goods are sold or agreed to be sold

Manufacturer or supplier: Name and address of entity that last manufacture, assembles, produces, or grow the commodity or the name and address of party supplying the finished goods in the country from which the goods are leaving.

Buyer: Name and address of the last known entity to whom the goods are sold or are agreed to be sold.

Ship to party: Name and address of the first deliver to party scheduled to physically receive the goods after the goods have been released from customs.

Consolidator: Name and address of the party who stuffed the container or arranged for the stuffing of the container.

Container stuffing location: Name and Address of physical locations(s) where the goods were stuffed into the container.

Importer of record Number/Foreign trade zone applicant ID number: Internal Revenue Service (IRS) number, Employer ID number (EIN), Social Security Number (SSN).

Consignee Number(s): Internal Revenue Service (IRS) number, Employer ID number (EIN), Social Security Number (SSN) CBP assigned number of individuals or firms in the USA whose account the merchandise was shipped.

Country of origin: Country of manufacture, production, or growth of article, based on import laws, rules of the USA.

Commodity Harmonized Tariff Schedule (HTS) number: Duty or statistical reporting number under which the article is classified in the Harmonized Tariff Schedule of the USA. the HTSUS number must be provided to the 6-digit level.

Data must be transmitted 24 hours prior to the cargo loading the vessel in the origin port. CST must receive the information no later than 72 hours prior to the vessel loading,

<p>1. Country of Origin:</p>	<p>Expected Load Date:</p>
<p>2. Importer:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Importer Federal Tax#: _____</p>	<p>3. Consignee:</p> <p>Name: _____</p> <p>Address (if other than importer): _____</p> <p>Consignee Federal Tax#: _____</p>
<p>AMS#:</p>	<p>Master Bill of Lading #:</p>
<p>4. Seller:</p> <p><input type="checkbox"/> Check box if Seller is provided on the attached commercial invoice</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ Province/State: _____</p> <p>Postal Code: _____ Country: _____</p>	<p>5. Buyer:</p> <p><input type="checkbox"/> Check box if Buyer to party is provided on the attached commercial invoice</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ Province/State: _____</p> <p>Postal Code: _____ Country: _____</p>
<p>6. Manufacturer:</p> <p><input type="checkbox"/> Check box if Manufacturer is provided on the attached commercial invoice</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ Province/State: _____</p> <p>Postal Code: _____ Country: _____</p>	<p>7. Ship to party:</p> <p><input type="checkbox"/> Check box if Ship to party is provided on the attached commercial invoice</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ Province/State: _____</p> <p>Postal Code: _____ Country: _____</p>
<p>8. Classification:</p> <p>HTS#: _____ Origin: _____</p> <p>HTS#: _____ Origin: _____</p>	<p>HTS#: _____ Origin: _____</p> <p>HTS#: _____ Origin: _____</p>
<p>9. Container Stuffing Location</p> <p><input type="checkbox"/> Check box if stuffed at seller's premises.</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ Province/State: _____</p> <p>Postal Code: _____ Country: _____</p>	<p>10. Consolidator</p> <p><input type="checkbox"/> Check box if stuffed at seller's premises.</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ Province/State: _____</p> <p>Postal Code: _____ Country: _____</p>

Signature of Importer

Title of person signing

Date