



Please send completed form to:

By mail: Elleo Global, Inc.
1534 Plaza Lane, #264
Burlingame, CA 94010

By email: hello@elleoglobal.com

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,

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

Signature of Importer

Title of person signing

Date