

**Importer Security Filing for 10 + 2**

**WORKSHEET AND COMMERCIAL INVOICE TO BE RETURNED TO OUR CUSTOMS BROKER AT LEAST 48 HOURS PRIOR TO VESSEL SAILING:**

<b>1. Manufacturer's name and address: (MF):</b>				<b>2. Importer (IM)/Consignee (UC) Name and address:</b>					
Name:				Name:					
<b>3. Seller name and address(SE):</b>				<b>4. Container stuffing name and address(LG):</b>					
Name:				Name:					
<b>5. Buyer name and address(BY):</b>				<b>6. Ship to name and address(ST):</b>					
<b>7. Consolidator name and address (CS):</b>				<b>8. Master bill of lading:</b>					
Name:				House bill of lading:					
				AMS House bill of lading:					
				Carrier name:					
				Vessel/Voyage:					
				Container #:					
				Port of Loading:			ETD:		
				Port of discharge:			ETA:		
				Final Destination:			ETA:		
**Please attach a copy of the commercial invoice when returning this worksheet. Box 9 only needs completed if invoice is not available.									
**9.PO #	Carton #	Part #	HTS #	Country of Origin	Description and Manufacturer Name if Different than Box #1				