Charlotte Customshouse Brokers, Inc.

Phone # 704-329-0011 Fax# 704-329-0053 Email: kelliehart@cltchb.biz

Importer Security Filing 10+2 Data Elements Form

Date: _		Importer Of Record Name:			
To:		Master Bill of Lading:		(Include SCAC Cod	de)
From:		AMS House Bill of Lading:		(Include SCAC Cod	de)
Shipment Reference:		Est. Export Date:			
(Invoice number, PO Number, Booking Number, etc.)		Est. Arrival Unloading Port:			
		Vessel/ Voyage #:			
ISF Party Information:					
Consignee:		Consignee Number:			
Manufacturer or			Seller:		
Supplier:	Name			Name	
-	Address Line 1		-	Address Line 1	
_	Address Line 2		_	Address Line 2	
				110000	
_	City, State and Postal Code or Co	puntry	_	City, State and Postal Code or Country	
Buyer: _	Name		Ship-to:	Name	
_	Address Line 1		_	Address Line 1	
-	Address Line 2	_	-	Address Line 2	_
_			_		
Container Stuffing	City, State and Postal Code or Co	puntry	Consolidator	City, State and Postal Code or Country	
Location:	Name		or Stuffer:	Name	
_			_		
	Address Line 1			Address Line 1	
-	Address Line 2		-	Address Line 2	
-	City, State and Postal Code or Co	Nuntry	-	City, State and Postal Code or Country	
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* If you have additional pa	irties that need to be added to	the ISF filing, please fill out the "A	dditional Parties" fo	orm.	
		king list or complete the information	tion below:		
Product Detail Information					
Product/Item Number	HTS Number **	Country of Origin		Manufacturer Name and Address	
			-		
			-		
_					_
					_
			-		

^{*} If you have additional Product/Item numbers, HTS numbers, Country of Origins or Manufacturers that need to be added to the ISF filing, please fill out the "Additional Product Detail Information" form.

^{**} A 10 digit Harmonized Tariff number is preferred.