



ISF (10+2) IMPORTER SECURITY FILING WORKSHEET

Sailing Date _____ Cutoff Date _____

Vessel name/voyage _____

House Bill of Lading No. _____

Master or Ocean Bill of Lading No. _____

1	Manufacturer or supplier name and address	
	Name and address of the party who last manufactured/assembled/grew/produced the goods OR the name and address of the supplier of the finished merchandise in the country from which the goods are exported.	
2	Seller name and address	
	Name and address of the last known entity by whom the merchandise is sold or is agreed to be sold.	
3	Buyer name and address	
	Name and address of the last known entity to whom the merchandise is sold or is agreed to be sold.	
4	Ship to name and address	
	Name and address of the first party scheduled to receive the merchandise, once released by CBP (Customs and Border Protection). Must be the actual deliver-to name and address.	



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5 Container stuffing name and address	
Name and address of the location(s) where the goods were stuffed into a container. Scheduled stuffing location is acceptable and may be the same as the manufacturer or supplier.	

6 Consolidator location name and address	
Name and address of the party who either stuffed the container or who arranged for the stuffing of the container.	

7 Importer of record name and address	
The party liable for payment of all duties and responsible for meeting all requirements for importation of goods.	
IRS Number, EIN Number, Social Security Number, or CBP assigned Number.	

8 Consignee name and address	
The individual or firm in the United States on whose account the goods are shipped.	
IRS Number, EIN Number, Social Security Number, or CBP assigned Number.	



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9 Country of origin at the line level	
The country of manufacture, production or growth of the goods.	

10 HTS classification to 6 digits	
The HTS (Harmonized Tariff Schedule) of the goods classified to the 6th digit, 10 digits are accepted.	

ISF (10+2) INFORMATION PROVIDED BY:

Name: _____

Company name: _____

Title: _____

Email: _____

Date: _____ Signature: _____