



Importer Security Filing (10+2)

Information Collection Form

SHIPMENT DETAIL

Master B/L:	<input type="text"/>	Vessel:	<input type="text"/>	Voyage:	<input type="text"/>	PO#:	<input type="text"/>
House B/L:	<input type="text"/>	Origin Port:	<input type="text"/>	ETD:	<input type="text"/>		
Sub House B/L:	<input type="text"/>	Discharge Port:	<input type="text"/>	ETA:	<input type="text"/>		

ISF REQUIRED INFORMATION

Importer of Record Number: <small>(importer to provide directly to Lynden)</small>	<input type="text"/>	Buyer Name and Address:	<input type="text"/>
Ultimate Consignee Number: <small>(importer to provide directly to Lynden)</small>	<input type="text"/>	Ship To Name and Address:	<input type="text"/>
Seller Name and Address:	<input type="text"/>	Stuffing Location Name and Address:	<input type="text"/>
Consolidator Name and Address:	<input type="text"/>		

Description	HTS Number(6 digits)	Country of Origin	Quantity	Value	Manufacturer Name & Address