

S I N C E 1 9 6 1

# KEN LEHAT

AND ASSOCIATES INC.

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**IMPORTER SECURITY FILING (ISF or 10+2):** It is imperative that we receive this completed form **48 hrs. prior** to the goods being laden on board the vessel destined for the U.S. Mis-information, late, and/or non-filing of ISF will result in penalty of up to \$5,000 per shipment. Please email completed form and commercial invoice copy.

Master B.L.#: \_\_\_\_\_ SCAC Code: \_\_\_\_\_  
AMS House B.L.#: \_\_\_\_\_ SCAC Code: \_\_\_\_\_  
Vessel Name: \_\_\_\_\_ ETD: \_\_\_\_\_  
Container#: \_\_\_\_\_

**1. Seller's Info** (Name and complete address of the final seller of the goods or the owner if no seller):

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. Buyer's Info** (Name and complete address for the last known entity to whom the goods are sold or the owner if no purchase)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. Importer #** (IRS# or EIN# or Social Security#, Name and complete address)

Company Name: \_\_\_\_\_ IRS #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**4. Consignee Info** (IRS# or EIN or Social Security #, Name and complete address, must be a U.S. company)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**5. Manufacturer / Supplier Info** (Name and complete address of the entity that last manufactured/assembled/produced or grew the product or the party supplying the goods)

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**6. Ship To Party**(Name & complete address of 1st "deliver to" party scheduled to receive the goods after Customs Clearance)

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**7. Country of Origin** (Based on U.S. Customs Regulations): \_\_\_\_\_

**8. Commodity HTSUS#** (Six digit classification#): \_\_\_\_\_  
(Please attach a Pro Forma invoice copy so the harmonized numbers can be determined)

**9. Container Stuffing Location**

(Name and complete address if physical location that the freight was loaded/stuffed in the container)

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**10. Consolidator** (Name and complete address of party that stuffed the container or arranged for the stuffing i.e. Forwarder)

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_