IMPORTER SECURITY FILING

IMPORTER AND IR#:
CONSIGNEE AND IR# (IF DIFFERENT FROM IMPORTER):
MANUFACTURER/SUPPLIER NAME AND ADDRESS
SELLERS NAME AND ADDRESS
SHIP TO PARTY NAME AND ADDRESS IF DIFFERENT FROM IMPORTER
CONTAINER STUFFING LOCATION (IF DIFFERENT FROM SHIPPER) NAME AND ADDRESS
CONSOLIDATORS NAME AND ADDRESS IF USED

EXPORT DATE	IMPORT DATE
AMS BILL OF LADING #	
HOUSE AMS BILL OF LADIN	G (IF USED)#
EXPORTING VESSEL	COUNTRY OF ORIGIN
PLEASE ATTACH COPY OF C	DMMERCIAL INVOICE OR INCLUDE HTS#S
•	with any addresses. All information must be provided at least 72 ease allow for weekends and holidays. Please send to the following:
To Chicago fax 630 654 009	l email: <u>isfchicago@henryekloch.com</u>
To Los Angeles fax 562 923	3661 email: <u>isfla@henryekloch.com</u>
If not sure email: <u>hekandco</u>	<u>Phenryekloch.com</u> Please indicate 10+2 in the subject line.
• •	not load the container on the vessel until you receive confirmation the importer that the ISF has been filed with CBP and accepted.
FOR HENRY E. KLOCH & CO	ISE ·
	ISF FILING DATE
ISP FILING RESPONSE	