



Estimate Departure Date: (M/V)	Vessel Name and Voyage:
Master B/L Number SCAC Code:	AMS B/L Number:
	AMS SCAC Code:
Importer of Record IRS Number:	Consignee IRS Number:
Seller Name and Address:	Buyer Name and Address:
Postal Code:	Postal Code:
Ship to Party Name and Address:	Manufacturer/Supplier Name and Address:
Postal Code:	Postal Code:
Container Stuffing Location:	Consolidator Name and Address:
Postal Code:	Postal Code:
Country of Origin:	Commodity HTS # at 6 digit level

IMPORTANT NOTES:

1. Please fill in all the fields in the sheet including the Postal Code.
2. Harmonized Tariff Schedule(HTS) Must be filled in, otherwise we will not submit the ISF although commercial invoice is provided.