



## 10 + 2 ISF Filing Worksheet

ISF must be filed 24 hours before the lading of the vessel

**\*\*Identifier (AMS BL with SCAC Code and/or AMS House BL with SCAC code\*\***

**\*\* Please enter AMS BL or AMS House BL# with SCAC Code \_\_\_\_\_ \*\***

1. Importer of Record

2. Consignee

3. Seller (Owner)  
Complete Name and Address

4. Buyer (Owner)  
Complete Name and Address

5. Ship to Party  
Complete Name and Address

6. Manufacturer (Supplier)  
Complete Name and Address

7. Country of Origin

8. Commodity (HTSUS Number)

9. Container Stuffing Location  
Complete Name and Address

10. Consolidator  
Complete Name and Address

Please complete form and email to [jeff.smith@4linc.com](mailto:jeff.smith@4linc.com) or fax to 313-964-0660