



ALLPORTS

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Importer Security Filing Information Request Sheet

As an importer, or authorized agent of an importer, please complete the below details to be used in the filing of the ISF (10+2) Information. Please return to your Allports Import Specialist as soon as possible, no later than 48 hours prior to shipment.

SCAC Code _____
 Container Number _____
 Vessel/Voyage _____
 Port of Departure _____
 Port of Destination _____

BL Number _____
 Pieces _____
 Weight _____
 ETD _____
 ETA _____

10 Required Data Elements			
1.	Manufacturer or Supplier Name and Address	6.	Consolidator (<i>stuffer</i>) Name and Address
2.	Seller Name and Address	7.	Importer of Record Number (<i>tax ID no, SSN, Customs assigned no</i>)
3.	Buyer Name and Address	8.	Consignee Number (<i>Tax ID No., SSN, Customs assigned No.</i>)
4.	Ship to Name and Address	9.	Country of Origin
5.	Container Stuffing Location Name and Address	10.	Commodity HTSUS Number (<i>or detail description of the item</i>)