

# Importer Security Filing (10+2)

Cargo Services Inc  
7640 Miles Drive  
Indianapolis, IN 46231  
Tel: 001-317-244-9501  
Fax: 001-317-381-6835



[www.cargos.com](http://www.cargos.com)

Last Foreign Port of Departure with Sailing Date with Time Master Bill of lading number including SCAC code AMS House Bill of Lading number including SCAC code Container No.(s)	
Mother Vessel Name & Voyage Number First US Port of Arrival ETA to first US Port of Arrival & Time Customer Purchase Order	
<b>Manufacturer (or supplier) :</b> (Defined as the name & address of the party who last manufactured/assembled/grew/produced the goods OR the name and address of the supplier of the finished merchandise in the country from which the goods are exiting)	Name: Address: City: Province: Postal Code: Country:
<b>Seller :</b> (Defined as the name & address of the last known entity to whom the merchandise is sold or is agreed to be sold)	Name: Address: City: Province/State: Postal Code: Country:
<b>Buyer :</b> (Defined as the name & address of the last known entity to whom the merchandise is sold or is agreed to be sold to)	Name: Address: City: Province/State: Postal Code: Country:
<b>Ship to :</b> (Defined as the name & address of the first party scheduled to received the merchandise, once released by CBP) Note- Customs requires the actual deliver to name and address - not the corporate location	Name: Address: City: State: Postal Code: Country:
<b>Container Stuffing:</b> (Defined as the name & address of the location(s) where the goods were stuffed into the container. Scheduled stuffing location is acceptable and may be the same name and address as the manufacturer or supplier, depending)	Name: Address: City: Province: Postal Code: Country:
<b>Consolidator Location :</b> (Defined as the name & address of the party who either stuffed the container or who arranged for the stuffing of the container)	Name: Address: City: Province: Postal Code: Country:
<b>Consignee :</b> (Defined as the individual or firm in the United States on whose account the goods are shipped: IRS Number, EIN Number, Social Security Number, or CBP assigned number)	Name: Address: City: State: Postal Code: Country:
<b>Country of Origin</b> (Defined as the country of manufacture, production, or growth of the goods)	
<b>HTS To the 6 Digit &amp; commodity description</b> (Defined as the HTS# (Harmonized Tariff Schedule of the US - goods are classified as to the 6th digit)	

This form must be completed with all information correct and in good order and received by Cargo Services Inc at least 72 business hours prior to loading. Failure to comply with this requirement may result in penalties being assessed by US Customs against the Importer of Record. Cargo Services Inc shall not be deemed liable for any penalties resulting from untimely or inaccurate information filed.

\*\*\*Effective July 9th, 2013 CBP will begin to issue liquidated damages against non-compliance for ISF Filings.\*\*\*

[CSMS# 13-000298 - Initiation Date for Liquidated Damages for ISF Non-Compliance](#)

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[Click here to view the instructions for completing this form.](#)

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