Importer Security Filing (ISF) Information Sheet

OCEANAIR LOGISTICS INC. ISF FORM EMAIL TO: ALYSAD@OCEANAIRNY.COM FAX: 718-244-1292 TEL: 718-244-1289 OUR OFFICE REQUIRES THIS COMPLETED FORM 72 HOURS PRIOR TO DEPARTURE OF THE VESSEL ALL LINES MUST BE COMPLETED. This information sheet is not the ISF filing. It is a form to provide the data elements needed to file the ISF. The test is not the ISF filing. It is a form to provide the data elements needed to file the ISF.	
U.S. Customs requires that ISF be accepted and on file with Customs a minimum of 24 hours prior to the vessel departing. Failure to file ISF timely and accurately with Customs can result in penalties of \$5,000 - \$10,000 per ISF. PLEASE PUT THE INFORMATION ON THE RIGHT SIDE OF THE FORM	
Container Number and Date of Sailing	
Master Bill of Lading Number with SCAC code AMS House Bill of Lading Number	
AMS/House Bill of Lading SCAC Code	
IMPORTANT: Customs requires that the ISF be filed at the lowest bill	
of lading level that the carrier input into AMS. The SCAC and bill of	
lading# used for ISF must match the SCAC and bill of lading# that the carrier/forwarder filed in AMS. If the SCAC and bill of lading# in ISF	
and AMS do not match Customs will indicate that the ISF bill of lading#	
is not on file. Thus, Customs would consider the ISF to be inaccurate.	
U.S. CUSTOMS DO NOT USE P.O. BOXES	
7. Importer of record name and address COMPANY IN THE USA: IMPORTER NAME:	
ADDRESS:	
ADDRESS:	
CITY: STATE / PROVINCE / ZIP CODE:	
COUNTRY:	
8. Seller name and address	
COMPANY OVERSEAS: SELLER NAME: ADDRESS:	
ADDRESS:	
CITY:	
9. Manufacturer (or supplier) name and address	
Name and address of the entity that last manufacturers, assembles,	
produces or grows the commodity or name and address of the supplier of the finished goods in the country from which the goods are leaving.	
COMPANY OVERSEAS: MANUFACTURER NAME:	
ADDRESS:	
ADDRESS: CITY:	
COUNTRY:	
10. Buyer name and address	
COMPANY IN THE USA: IMPORTER NAME: ADDRESS:	
ADDRESS:	
CITY, STATE, ZIP CODE	
11. Ship to name and address	
Name and address of the first deliver to party scheduled to physically receive	
the goods after the goods have been released from customs custody. COMPANY IN THE USA: IMPORTER NAME:	
ADDRESS:	
ADDRESS:	
CITY, STATE, ZIP CODE COUNTRY:	
12. Container stuffing location name and address	
Name and address of the physical location(s) where the goods were	
stuffed into the container. COMPANY OVERSEAS: NAME OF COMPANY:	
ADDRESS:	
ADDRESS: CITY, STATE, ZIP CODE	
COUNTRY:	
13. Consolidator (stuffer) name and address	
Name and address of the party who stuffed the container or arranged for the stuffing of the container.	
COMPANY OVERSEAS: NAME OF COMPANY:	
ADDRESS: CITY, STATE, ZIP CODE	
COUNTRY:	
14. Country of origin 15. Commodity/product description	
16. Importer Reference Number(s)	
17. HTSUS/Tariff#(minimum 6 digits) if known	
PORT OF DISCHARGE: DESCRIPTION OF ITEMS INSIDE CONTAINER IN ENGLISH	