

INTERFREIGHT INC.
INTERNATIONAL FREIGHT FORWARDERS | NVO | CUSTOMS BROKERS
 1480 ELMHURST ROAD, ELK GROVE VILLAGE, IL 60007
 TEL 847.981.1999 FAX 847.981.0566/67

ISF 10 +2 REQUIREMENTS

This document must be completed and transmitted to Interfreight by FAX or EMAIL 72 hours before loading shipment on vessel, LCL or FCL shipments (not required for Airfreight shipments).

All addresses must include postal code (zip code) if available:

Container # & Size:	Seal #:
Number of Pieces:	Weight:
Port of loading and date:	First port of arrival of vessel in the USA:
Port of discharge and date:	Place of delivery and date:
Seller:	Manufacturer (or supplier):
Container stuffing location:	Consolidator (freight forwarder):
Importer of record (incl. IRS#):	Consignee (incl. IRS#):
Ship to party:	
Country of Origin:	
Master Bill of Lading # & SCAC Code:	House Bill of Lading # & SCAC Code:
Commodity harmonized tariff schedule of the United States Number (HTSUS) (First 6 numbers) (use an additional page if necessary):	