

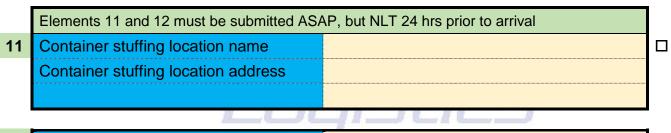
ISF (10+2) DATA COLLECTION SHEET

18	SF Number:			
	-		***	
	□ NEW			
٨	Our Def Number			
Α	Our Ref. Number Customer Ref. Number (PO a	the actor (
	Invoice Number	+, e.c.)		
В	Booking Number (Optional)			
	Vessel Name (Optional)			
	Shipping Company (Optional)			
	12 ISF DATA ELEMENTS. AL	L INFORMATION BE	ELOW IS REQUIRED TO COMPLETE THE ISF.	
	ETL (Required) (Loading Date)			
	ETA (Required)			
1	SCAC (Standard Carrier Alpha			
	B/L Number (Simple or House)		
	Container Number			
2	Importer IRS Number *			
2				
3	Consignee IRS Number *			
4	Buyer Name			
	Buyer Address			
5	Ship To Name (After Release,)		
	Ship To Address			

6	Seller Name	[
	Seller Address	

7	Manufacturer/Supplier Name	
	Manufacturer/Supplier Address	

8	HTS (6 Digits) *	Country of Origin * / Description (Optional)	
9			
10			
	Elements 7, 8, 9, and 10 must be linked together at line item level & must be unique at		
	manufacturer level.		



12Consolidator (stuffer) nameConsolidator (stuffer) address

Requested by (Full Name): Company Name: Date:

* For initial application, the information must be submitted to USCBP no later than 24 hrs before vessel loading at origin port.

* For modifications, the information must be submitted to USCBP no later than 24 hrs before vessel arrival at U.S. port.

* Terra Global Logistics needs to receive this page no later than 3 working days before deadlines above.

* If you request a modification on an ISF previously submitted by us, the ISF# must be provided.

PLEASE SUBMIT IT VIA FAX (844-594-6685) OR EMAIL AT Operations@TerraGlobalLogistics.com