A & J CUSTOMS BROKERS, INC.

IMPORTER SECURITY FILING (ISF)

IT IS IMPERATIVE THAT WE RECEIVE THIS COMPLETED FORM 72 HRS. PRIOR TO THE GOODS BEING LADEN ON BOARD THE VESSEL DESTINED FOR THE U.S. MIS-INFORMATION, LATE, AND/OR NON-FILING OF ISF WILL RESULT IN PENALTY OF UP TO \$10,000 PER SHIPMENT. PLEASE SEND COMPLETED FORM AND COMMERCIAL INVOICE COPY VIA

EMAIL TO: info@aandjlasvegas.com OR FAX TO: (702) 798-8717

MASTER B.L.#	SCAC CODE: ETD:
AMS HOUSE B.L.#	SCAC CODE:
CONTAINER#:	CONTAINER SIZE/TYPE:
VESSEL NAME:	LCL OR FCL:
1.SELLER'S INFO (Name and complete address of the final seller of the goods or owner if no seller)	
NAME: ADDRESS: CITY: COUNTRY:	ZIP CODE:
2. BUYER'S INFO (Name & complete address of last known entity to whom the goods are sold or the owner if no purchase)	
NAME: ADDRESS: CITY: STATE:	ZIP CODE:
3. IMPORTER# (IRS# OR EIN# OR Social Security#, Name and complete address)	
NAME: IRS# ADDRESS:	
CITY: STATE:	ZIP CODE:
4. CONSIGNEE INFO (IRS# OR EIN# OR Social Security#, Name and complete address, must be US company)	
NAME: IRS# ADDRESS:	
CITY: STATE:	ZIP CODE:
5. MANUFACTURER/SUPPLIER INFO (Name and complete address of the entity that last manufactured/assembled/produced or grew the product or the party supplying the goods)	
NAME: ADDRESS:	
CITY: COUNTRY:	ZIP CODE:
6. SHIP TO PARTY (Name & complete address of 1st "deliver to" party scheduled to receive the goods after clearance)	
NAME: ADDRESS:	
CITY: COUNTRY:	ZIP CODE:
7. COUNTRY OF ORIGIN (Based on US Customs Regulations)	
8. COMMODITY HTSUS# (Six digit classification#) Please attach a Pro Forma invoice copy so the harmonized numbers can be determined	
9. CONTAINER STUFFING LOCATION (Name & complete address of physical location that the freight was loaded/stuffed in the container)	
NAME:	
ADDRESS:	710 0005
CITY: COUNTRY:	ZIP CODE:
10. CONSOLIDATOR (Name & complete address of party that stuffed the container or arranged for the stuffing i.e. Forwarder)	
NAME: ADDRESS:	
CITY: COUNTRY:	ZIP CODE: