

INTERFREIGHT HARMONIZED LOGISTICS INC.
221 SHERIDAN BLVD.
INWOOD, NEW YORK, 11096 USA
PHONE: 516 371 0775 FAX 516 371 6880
roe@interfreight.net annmarie@interfreight.net

10-2 REQUIREMENTS / ISF

This document must be completed and transmitted to Interfreight by FAX or e-mail 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

MB/L NO:	HB/L NUMBER:
CONTAINER #	
PORT OF LOADING AND DATE:	
PORT OF DISCHARGE AND DATE:	PLACE OF DELIVERY AND DATE:
SELLER:	MANUFACTURER (OR SUPPLIER):
CONTAINER STUFFING LOCATION:	CONSOLIDATOR: (FREIGHT FORWARDER)
IMPORTER OF RECORD: (INCLUDING IRS #)	CONSIGNEE: (INCLUDING IRS #)
SHIP TO PARTY:	BUYER IF DIFFERENT FROM IMPORTER OF RECORD:
COUNTRY OF ORIGIN:	
COMMODITY HARMONIZED TARIFF SCHEDULE OF THE UNITED STATES NUMBER (HTSUS) (FIRST 6 NUMBERS) (USE AN ADDITIONAL PAGE IF NECESSARY)	