

INTERFREIGHT HARMONIZED LOGISTICS INC
221 Sheridan Boulevard, Inwood, NY 11096
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bnl@interfreight.net; warehouseoperations@bnl.gov

10-2 REQUIREMENTS

This document must be completed and transmitted to INTERFREIGHT via email 72 hours before loading shipment on vessel. LCL or FCL shipments ONLY (not required for Airfreight shipments). All addresses MUST include Postal/ZIP Code if available.

House Bill of Lading SCAC CODE _____ BILL # _____	
Master Bill of Lading SCAC CODE _____ BILL # _____	
Container # _____	Seal # _____
Port of Loading and Date: _____ _____	
Port of Discharge and Date: _____ _____	
Seller name & address: _____	Manufacturer name & address: _____
_____	_____
_____	_____
_____	_____
Container stuffing location name & address: _____	Consolidator name & address: _____
_____	_____
_____	_____
_____	_____
_____	_____
Importer of record name & address: _____	Cosignee name & address: _____
_____	_____
_____	_____
_____	_____
Ship to party name & address: _____ _____	
Country of origin: _____	
Harmonized Tariff Schedule of the United States HTSUS code (first 6 digits): _____	