

ISF Filing Information

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Fax to : 412-269-1997



**Fields must be completed and submitted 48 hrs prior to vessel loading in order to allow for proper filing.*

Booking Info (Not Required):	
Buyer's Ref #:	Vessel/Sailing:
Pieces:	Carrier:
Weight (kg):	Port of Loading:
Cubic Meters:	Port of Discharge:
ETA:	Final Destination:

**** AMS House BOL must be supplied from the Master Co-Loader. This is only known after an AMS House Bill has been issued. If there is no AMS HBL, then the Master Bill of Lading must be used.**

*Loading Time (MM/DD/YY 2400)

Master Bill of Lading	
SCAC:	
B/L #:	

**AMS House Bill of Lading	
SCAC:	
B/L #:	

*ISF Importer (Name & Address)

*Importer of Record (Name & Address)	Same as ISF Importer: <input type="checkbox"/>

*Ship To (Name & Address)	Same as ISF Importer: <input type="checkbox"/>

*Ultimate Consignee (Name & Address)	Same as ISF Importer: <input type="checkbox"/>

EIN/IRS #:

*Buyer (Name & Address)	Same as ISF Importer: <input type="checkbox"/>

*Seller (Name & Address)

*Container Stuffing Loc. (Name & Address)	Same as Seller: <input type="checkbox"/>

*Consolidator (Name & Address)	Same as Seller: <input type="checkbox"/>

*Manufacturer (Name & Address)	Same as Seller: <input type="checkbox"/>

*Country

*Harmonized Tariff Number (HTSUS)