



### ISF Data Form

Master B/L SCAC	
Master B/L Number	
House B/L SCAC	
House B/L Number	

**Suppliers and forwarders: Please provide full address, city, state, postal code and country for each company and location.**

Manufacturer name and address	Seller name and address
Container stuffing location name and address	Consolidator location name and address

**Importer and ultimate consignee: Please provide full name, address, city, state and zip code.**

Importer of record name and address:	Ultimate consignee name and address:
EIN Number:	EIN Number:
Buyer's name and address:	Ship to name and address:

Country of origin	HTS Customs Classification

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Name of person who completed form:	
Contact telephone number:	
Contact e-mail address:	