



ISF (10+2) DATA COLLECTION SHEET

ISF Number:

***** ACTION *****

NEW

UPDATE

WITHDRAW

A

Our Ref. Number
 Customer Ref. Number (PO #, etc.)
 Invoice Number

B

Booking Number (Optional)
 Vessel Name (Optional)
 Shipping Company (Optional)

12 ISF DATA ELEMENTS. ALL INFORMATION BELOW IS REQUIRED TO COMPLETE THE ISF.

1

ETL (Required) (Loading Date)
 ETA (Required)
 SCAC (Standard Carrier Alpha Code)
 B/L Number (Simple or House)
 Container Number

2

Importer IRS Number *

3

Consignee IRS Number *

4

Buyer Name
 Buyer Address

5

Ship To Name (After Release)
 Ship To Address

6	Seller Name		<input type="checkbox"/>
	Seller Address		

7	Manufacturer/Supplier Name		<input type="checkbox"/>
	Manufacturer/Supplier Address		

8	HTS (6 Digits) *	Country of Origin * / Description (Optional)	<input type="checkbox"/>
9			<input type="checkbox"/>
10			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Elements 7, 8, 9, and 10 must be linked together at line item level & must be unique at manufacturer level.			

Elements 11 and 12 must be submitted ASAP, but NLT 24 hrs prior to arrival

11	Container stuffing location name		<input type="checkbox"/>
	Container stuffing location address		

12	Consolidator (stuffer) name		<input type="checkbox"/>
	Consolidator (stuffer) address		

Requested by (Full Name):

Company Name:

Date:

- * For initial application, the information must be submitted to USCBP no later than 24 hrs before vessel loading at origin port.
- * For modifications, the information must be submitted to USCBP no later than 24 hrs before vessel arrival at U.S. port.
- * Terra Global Logistics needs to receive this page no later than 3 working days before deadlines above.
- * If you request a modification on an ISF previously submitted by us, the ISF# must be provided.

PLEASE SUBMIT IT VIA FAX (844-594-6685) OR EMAIL AT Operations@TerraGlobalLogistics.com