



Integrated Solutions in Customs Management

SECURITY FILING FORM - Day-to-day Version

Please provide with this fax a copy of regular or house bill if available.

ISF 10+2

Fax to EDI Request Form

1(866) RBI-2696

1(866) 724-2696

IMPORTER / CUSTOMER - Informations

Name	<input type="text"/>	SCAC	<input type="text"/>	REF/BILL #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>	Load - Date	<input type="text"/>
				ETD - Date	<input type="text"/>
				ETA - Date	<input type="text"/>

SELLER - Name & Address

Name

Address

City Zip Code

State Country

BUYER - Name & Address

Name

Address

City Zip Code

State Country

MANUFACTURER - Name & Address

Name

Address

City Zip Code

State Country

CONSIGNEE / SHIP TO - Name & Address

Name

Address

City Zip Code

State Country

CONSIGNEE IRS NUMBER

CONTAINER STUFFING LOCATION - Name & Address

Name

Address

City Zip Code

State Country

CONSOLIDATOR - Name & Address

Name

Address

City Zip Code

State Country

COMMODITY HTS NUMBER - (6 digit level)

HTS Number	HTS Number	HTS Number	HTS Number	HTS Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>