



IMPORT SECURITY FILING 10 + 2

Bill Of Landing Number

Importer Number	<input type="text"/>
Consignee Number	<input type="text"/>
Sellers Name and Address	<input type="text"/> <small>Note</small>
Ship To: Name and Address Address Notes:	<input type="text"/> <small>Note</small>
Buyer: Name and Address	<input type="text"/> <small>Note</small>
Manufacturer: Name and Address	<input type="text"/> <small>Note</small>
HTS Number	<input type="text"/>
Country Of Origin	<input type="text"/>
Stuffing Location: Name and Address	<input type="text"/> <small>Note</small>
Consolidators: Name and Address	<input type="text"/> <small>Note</small>

2 Elements Required Of The Ocean Carrier

Stuffing Location: Name and Address	<input type="text"/>
Consolidators: Name and Address	<input type="text"/>