



ISF Information Advice Sheet

Date Issued: _____

Scheduled Port of Loading: _____

Container Stuff Date: _____

Scheduled Vessel Date of Departure: _____

Booking #: _____

* AMS House Bill of Lading #: _____

Buyer Name and Address:	
Seller Name and Address:	
Ship to Party Name and Address:	
Container Stuffing Location Name and Address:	
Consolidator Name and Address:	
Importer of Record Number or SSN:	
Consignee Number or SSN:	
Manufacture Name and Address:	

I swear and attest that the information provided herein is true and accurate to the best of my knowledge as of the date indicated below:

Signature: _____

Date: _____

Print Name: _____

- ***ISF must be submitted at the lowest bill of lading level (house/simple) transmitted in AMS.**
- **If there are multiple buyers, consignees, and/or manufactures for this shipment, you must provide all information for every buyer, consignee, and/or manufacture.**
- **Your commercial invoice(s) must accompany this document.**