

# IMPORTER SECURITY FILING

**Send completed form to:**

**Meadows Wve & Co., Inc.**

2506 Forest Ave

Statens Island, NY 10303

Fax 718-494-4167

Email [ISF@meadowswe.com](mailto:ISF@meadowswe.com)

## SHIPMENT DETAIL

1. COMMERCIAL INV#:	2. PO NUMBER:	√ 3. ORIGIN PORT	√ 4. 1st US DESTINATION PORT :	5. FINAL DESTINATION PORT :
6. ESTIMATED SAILING DATE:			7. ESTIMATED ARRIVAL DATE:	
√ 8. HBL SCAC & NUMBER		9. MBL SCAC & NUMBER (if HBL not issued)		

## SUPPLY CHAIN

√ 10. SELLER'S NAME & ADDRESS	√ 11. SHIP TO NAME & ADDRESS
√ 12. BUYER'S NAME & ADDRESS	√ 13. MANUFACTURER (SUPPLIER) NAME & ADDRESS: <input type="checkbox"/> mark X if same as shipper <input type="checkbox"/> mark X if multiple manufacturers
√ 14. CONTAINER STUFFING LOCATION NAME AND ADDRESS <input type="checkbox"/> mark X if same as seller	√ 15. CONSOLIDATOR NAME & ADDRESS : <input type="checkbox"/> mark X if same as seller
√ 16. IMPORTER NAME & IRS#:	√ 17. CONSIGNEE NAME & IRS# : <input type="checkbox"/> mark X if same as importer

ITEM #	√ PRODUCT CODE	√ ITEM DESCRIPTION	√ TARIFF CODE (to 6 digits If available)	√ Country Of Origin

√ REQUIRED FIELDS