



Importer Security Filing Worksheet

Manufacturer Name and Address: Name Street Address 1 Street Address 2 City / State / Postal Code / Province Country Telephone	**	
Seller Name and Address: Name Street Address 1 Street Address 2 City / State / Postal Code / Province Country Telephone	**	
Buyer Name and Address: Name Street Address 1 Street Address 2 City / State / Postal Code / Province Country Telephone	**	
Ship To Name and Address Name Street Address 1 Street Address 2 City / State / Postal Code / Province Country Telephone	**	
Container Stuffing Location Name Street Address 1 Street Address 2 City / State / Postal Code / Province Country Telephone		
Consol Name and Address: Name Street Address 1 Street Address 2 City / State / Postal Code / Province Country Telephone		
Importer of Record Number (tax I.D. #)	**	
Consignee Number (tax I.D. #)	**	
Country of Origin Code	**	
Commodity HTS Number(s)		

Vessel Name/Voyage	
Master Bill of Lading	
Master SCAC	
AMS House Bill of Lading	
House SCAC	
Port of Load	
Est Departure Date	
Port of Arrival	
Est Arrival Date	

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 7 Christopher Way
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