



OCEANAIR, Inc.  
186A Lee Burbank Highway  
Revere, MA 02151

## IMPORTER SECURITY FILING (ISF) FORM

1: SHIPMENT DETAILS					
MBL SCAC :		Vessel Name:			
Master BOL #:		Voyage #:			
HBL SCAC:		Container #:		Seal #:	
House BOL #:		Port of Loading:		ETD:	
AMS SCAC:		Port of Discharge:		ETA:	
AMS HBL #:		Final Destination:		ETA:	
2. COMMODITY DETAILS					
Country of Origin	HTSUS Number	Commodity Description		PO# /Product Code# / SKU#	
PARTIES TO THIS TRANSACTION					
3. Manufacturer Name & Address (P.O. Box addresses will <u>not</u> be accepted)			4. Special Instructions		
City, State, Country, Zip Code					
5. Seller Name & Address (P.O. Box addresses will <u>not</u> be accepted)			6. Buyer (Importer Of Record) Name & Address		
City, State, Country, Zip Code			City, State, Country, Zip Code		
7. Ship To Name & Address			8. Notify Name & Address		
City, State, Country, Zip Code			Phone: , Email: ,		
9. Container Stuffing Location			10. Consolidator Name & Address		
City, State, Country, Zip Code			City, State, Country, Zip Code		

Note: This form must be completed with all information correct and in good order and received by the Company at least 72 hours prior to loading at origin port. Failure to comply with this requirement may result in penalties being assessed by U.S. Customs against the Importer of Record. The Company and the Carrier shall not be liable for any penalties however so caused or incurred.