



1. Manufacturer Name & Address (including zip code)

2. Seller Name & Address (including zip code)

ISF Confirmation Number:

3. Buyer Name & Address (including zip code)

5. Container Stuffing Location Name & Address (including zip code)

4. Ship to Name & Address (including zip code)

6. Consolidator Name & Address (including zip code)

AMS Bill of Lading

AMS SCAC Code

Importer Record #:

Consignee #:

Vessel/Voyage No.

Last Load Date:

ETD:

<u>Country of Origin</u>	<u>Description of Goods</u>	<u>Order Number</u>	<u>Product Code or HTSUS Number</u>

This form must be completed with all information correct, in good order, and received by Comex Logistics LLC at least 72 hours before loading. Failure to comply with this requirement may result in penalties being assessed by US Customs against the Importer of Record. Comex Logistics LLC and the carrier shall not be liable for any penalties whatsoever caused.

Sender:
Company Name:

Receiver:
ISF Form Received by:

Individual Name:

Date/Time Received

Return Email/Fax: