



Date of Sailing:		Today's Date:	
Bill of Lading Number:		Purchase Order No. :	
Container Number		Supplier Name:	
Container Seal No:		Date & Time of Container Loading:	
Container Size:			
Vessel Name:			

Consignee Number Internal Revenue Service (IRS) Number or Employer Identification number (EIN) CBP assigned number or firms in the United States		Importer of Record Number Internal Revenue Service (IRS) Number or Employer Identification Number (EIN)	
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Seller	
Identification #:	
Name:	
Address:	
City:	
State:	
Country:	
Postal Code:	

Consolidator/Stuffer Name and Address:	
Identification #:	
Name:	
Address:	
City:	
State:	
Country:	
Postal Code:	

Buyer	
Identification #:	
Name:	
Address:	
City:	
State:	
Country:	
Postal Code:	

Container Stuffing Location Name and Address:	
Identification #:	
Name:	
Address:	
City:	
State:	
Country:	
Postal Code:	

Ship-to Party Name and Address:	
Identification #:	
Name:	
Address:	
City:	
State:	
Country:	
Postal Code:	

Manufacturer/Supplier Name and Address	
Identification #:	
Name:	
Address:	
City:	
State:	
Country:	
Postal Code:	

Commodity Details for Manufacturer/Supplier:			
Country of Origin	HTS Number	FDA Prior Notice Registration No.	
Misc. Notations:			

I declare that the information contained in this document is true and correct to the best of my knowledge and belief.

Print Name	Signature	Title	Date