



International Movers

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10+2 ISF

OWNER OF HOUSEHOLD GOODS / IMPORTER OF RECORD (LAST NAME, FIRST)	DATE SUBMITTED:
DATE OF BIRTH:	CITIZENSHIP:
PASSPORT COUNTRY AND NUMBER:	
SOCIAL SECURITY NUMBER:	FOREIGN ADDRESS:
COSIGNEE (AS LISTED ON B/L)	
U.S. ADDRESS:	
CONTAINER STUFFING NAME AND ADDRESS (LOCATION)	CONSOLIDATOR (STUFFER) NAME AND ADDRESS:
BILL OF LADING NUMBER (INDICATE IF IT IS MASTER B/L OR HOUSE B/L)	STEAMSHIP LINE, VESSEL & VOYAGE:
CONTAINER NUMBER:	BOOKING DATE:
PROJECTED DATE FOR CONTAINER TO BE LOADED ON SHIP:	DATE CONTAINER WAS STUFFED:
ESTIMATED DATE OF DEPARTURE:	ESTIMATED DATE OF ARRIVAL:
PORT OF LADING:	PORT OF ARRIVAL:

POWER OF ATTORNEY:

Importer/Owner _____ hereby swears and attest that the above information is correct and I/we hereby appoint EuroUSA Shipping, Inc. to act on my/our behalf as a true and lawful agent and attorney in fact for the express purposes of transmission of data to Customs and Border Protection required

Sign: _____ Date: _____

Witness: _____ Date: _____

www.eurousa.us "A Ship Load Of Know How" Part of the Euro Group 12/17/2009

