

EUROUSA

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:
BILL OF LADING NUMBER (INDICATE IF IT IS MASTER B/L OR HOUSE B/L)	STEAMSHIP LINE, VESSEL & VOTAGE:
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/Ownerhereby swears and attest that the above information is true and	
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 under law.	
	and Border Protection required under law.
Witness: Date:	