

FMC #310

IMPORT / EXPORT / CUSTOMS BROKERS / FREIGHT FORWARDERS

To be filled out/completed 5 business days prior to loading in country of origin

Seller Name/Address

Manufacturer

Same as Seller

Cntr Stuffing Location Name/Address Same as Seller

Consolidator Name/Address

Same as Seller

AMS Bills of Lading No.

Port of Entry:

Notes:

Buyer Name/Address :

IRS No.:

Importer Name/Address

Same as Buyer

IRS No.:

Consignee Name/Address:

Same as Buyer

Ship To Name/Address:

Same as Buyer

IRS No.:

Container Number(s):

Size

Container Number(s):	Size
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Importer Ref No. (s):

Commodity HTSUS Number(s) (6, 8 or 10 digits)

Completed by: _____ Company Name: _____ Name: _____

E-Mail: _____ Signature: _____