



R.E. DELGADO INC.

US CUSTOMS BROKERS INC.

Tel. (787) 722-6750 Fax (787) 722-4392

REF. # _____

PO. # _____

INVOICE # _____

IMPORT SECURITY FILING (10+2) FORM

Importer:	
Master/House B/L:	
Sailing Date	MM/DD/YY
Origin Port:	
Containers # :	
ETA Date :	MM/DD/YY

No.	Data Element	Info Required	Shipment Data
1	Importer of Record	Number(IRS,SS...)	
2	Consignee	Number(IRS,SS...)	
3	Seller*	Name & Address	Name:
			Street Address:
			City:
			Country:
4	Buyer	Name & Address	Name:
			Street Address:
			City:
			Country:
5	Ship-to-Party*	Name & Address	Name:
			Street Address:
			City:
			Country:
6	Manufacturer*	Name & Address	Name:
			Street Address:
			City:
			Country:
7	Country of Origin*	Name	
8	HTSUS Number	Harmonized Tarrif	
9	Container Stuffing Locaon	Name & Address	Name:
			Street Address:
			City:
			Country:
10	Consolidator/Stu Forwarder	Name & Address	Name:
			Street Address:
			City:
			Country:

* PLEASE FILL AND RETURN THIS FORM TO RE DELGADO INC. 48 HR PRIOR SAILING DATE.