

TITAN CHB INC

20955 Pathfinder Rd. Ste. 222 Diamond Bar, CA 91765

IMPORTER SECURITY FILING /ISF 10



IMPORTER NAME & ADDRESS *

Importer IRS/SSN# _____
Name _____
Street Address 1 _____
Street Address 2 _____
City _____
State/Province _____
Postal Code _____
Country _____

(* IS REQUIRED FIELD)

ISF BOND*

Active Importer Continuous Bond

Single transaction ISF-D Bond. Bond reference no

No ISF Bond and I want to purchase Single transaction ISF-D Bond from Titan CHB Inc

MASTER BILL OF LADING NUMBER * (CARRIER ISSUED B/L NO.)

VESSEL DEPARTURE DATE *

HOUSE BILL OF LADING NUMBER *(LOWEST LEVEL, AMS B/L NO.)

CONTAINER NUMBER

CONSIGNEE NAME & ADDRESS*

Name _____	Name _____
Consignee IRS/SSN# _____	Street Address 1 _____
Street Address 1 _____	Street Address 2 _____
Street Address 2 _____	City _____
City _____	State/Province _____
State/Province _____	Postal Code _____
Postal Code _____	Country _____
Country _____	

SHIP TO NAME & ADDRESS*

Mark if same as Consignee

SELLER NAME & ADDRESS*

Name _____	Name _____
Street Address 1 _____	Street Address 1 _____
Street Address 2 _____	Street Address 2 _____
City _____	City _____
State/Province _____	State/Province _____
Postal Code _____	Postal Code _____
Country _____	Country _____

BUYER NAME & ADDRESS*

Mark if same as Consignee

CONTAINER STUFF LOCATION NAME & ADDRESS*

Name _____	Name _____
Street Address 1 _____	Street Address 1 _____
Street Address 2 _____	Street Address 2 _____
City _____	City _____
State/Province _____	State/Province _____
Postal Code _____	Postal Code _____
Country _____	Country _____

CONSOLIDATOR NAME & ADDRESS*

MANUFACTURER INFORMATION*

Name _____	Name _____
Street Address 1 _____	Street Address 1 _____
Street Address 2 _____	Street Address 2 _____
City _____	City _____
State/Province _____	State/Province _____
Postal Code _____	Postal Code _____
Country _____	Country _____

ADDITIONAL MANUFACTURER (SUPPLIER) NAME & ADDRESS

Commodity Description *

PART NUMBER	DESCRIPTION*	TARIFF CODE (HTS-6; 6 DIGITS)*

COMPANY /REQUESTER INFORMATION AND ACKNOWLEDGMENT *

REQUESTER NAME*

COMPANY NAME*

DATE *

TERMS & CONDITIONS:

Please complete ISF information 3 business days prior to vessel departure from port of loading.

By completing and submitting this ISF template with your name and date, you certify that the information provided is accurate and true to the best of your knowledge. You and your company agree to hold Titan CHB Inc. harmless from any penalties, including liquidated damages of up to \$5,000.00 per violation, resulting from inaccurate, incomplete, or untimely information submitted through this template.