

# Amana Express International Inc.

147-04 176<sup>th</sup> Street

Jamaica, NY 11434

## ***Importer Security Filing Worksheet***

**IMPORTANT:** Do not deliver container to the pier unless you have first received a written Customs confirmation number. In no event will Amana Express International, Inc. be liable for any direct, indirect, incidental or consequential damages resulting from this or any future Importer Security Filing.

Signature \_\_\_\_\_ (Print name) \_\_\_\_\_ Company name \_\_\_\_\_ Date \_\_\_\_\_

AMS Bill of lading: SCAC \_\_\_\_\_ BL# \_\_\_\_\_ Type: House bill  Regular bill

Shipment type: Standard  To order  Household goods

Container number(s): \_\_\_\_\_

<p><b><u>Importer</u></b>                  Name _____                  Address _____                  _____                  City _____ State _____ Zip _____                  IRS number _____</p>	<p><b><u>Consignee</u></b> (Same as importer <input type="checkbox"/> )                  Name _____                  Address _____                  _____                  City _____ State _____ Zip _____                  IRS number _____</p>	
<p><b><u>Buyer</u></b> (Same as importer <input type="checkbox"/> )                  Name _____                  Address _____                  _____                  City _____ State: _____ Zip: _____                  Country _____ (If not U.S.)</p>	<p><b><u>Ship to</u></b> (Same as importer <input type="checkbox"/> )                  Name _____                  Address _____                  _____                  City _____ State: _____ Zip: _____                  Country _____ (If not U.S.)</p>	
<p><b><u>Seller</u></b>                  Name _____                  Address _____                  _____                  City _____ State: _____ Zip: _____                  Country _____ (If not U.S.)</p>	<p><b><u>Manufacturer</u></b> (Same as seller <input type="checkbox"/> )                  Name _____                  Address _____                  _____                  City _____ State: _____ Zip: _____                  Country _____ (If not U.S.)</p>	
<p><b><u>Consolidator</u></b> (Same as manufacturer <input type="checkbox"/> )                  Name _____                  Address _____                  _____                  City _____ State: _____ Zip: _____                  Country _____ (If not U.S.)</p>	<p><b><u>Stuffing Location</u></b> (Same as consolidator <input type="checkbox"/> )                  Name _____                  Address _____                  _____                  City _____ State: _____ Zip: _____                  Country _____ (If not U.S.)</p>	
<p><b><u>HTS Number (6,8 or 10 digit level)</u></b></p>	<p><b><u>Commodity</u></b></p>	<p><b><u>Origin</u></b></p>