

Manufacturer/Supplier Name & Address	 <p>OMNITRANS Corp. Ltd. 111 Broadway - Suite 1705B New York, NY 10006</p>
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Seller Name & Address	Importer Security Filing Request Form
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	House B/L Number* (one / form)	Master <u>or</u> Ocean B/L
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Buyer Name & Address (Importer of Record)	Number of HB/L'S (e.g.:1 of 4)	Consignee Number (IRS No.)
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	Importer of Record Number (Federal Tax ID No.)
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Ship to Name & Address	Container Stuffing Location
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Consolidator (Stuffer)	ETD:	ETA:
	Vessel/Voy No.:	

Country of Origin (CBP def.)	Description of goods	Order Number	Product Code/SKU Number

This form must be completed with all information correct and in good order and received by the Company at least 72 hours prior to loading. Failure to comply with this requirement may result in penalties being assessed by US Customs against the Importer of Record. The Company and the carrier shall not be liable for any penalties however so caused. **If information is being submitted partially incomplete (collaborating with others to complete) you must provide a Purchase Order number and a product code number or SKU.**

SENDER:	RECEIVER:
Company Name*: _____	ISF Form received by: _____
Individual Name*: _____	Date/Time Received: _____
Return e-mail/fax*: _____	
	APPROVAL:
	Approval Number: _____
	Date/Time Approved: _____
* required information	
PLEASE CONTACT US OR SEE OUR WEBSITE FOR FURTHER INFORMATION	

All transactions are subject to the Company's Standard Trading Conditions (copy is available upon request), which in certain circumstances limit or exempt the Company's liability.