

US CUSTOMS DATA ELEMENTS FORM

(10 Data Elements Required for Importer Security Filing)

Required by Specialty Retailers, Inc. for all Shipments/Purchase Orders prior to booking with the Freight Forwarder or Ocean Carrier

** Specialty Retailers, Inc. requires all shippers to complete the information below and provide this form to the Freight Forwarder or Ocean Carrier when the shipment/ Purchase Order is booked prior to shipping. Failure to provide all the information required in the form will cause your booking to be rejected until the fully completed Form is provided. Incorrect information provided in this form causing delay in clearance with U S Customs or charges assessed will be paid by the shipper.

1. Manufacturer Name & Address: _____

2. Container Stuffing location: _____

3. Seller Name & Address: _____

4. Consolidator Name & Address: _____
(For LCL shipments only)

5. Buyer Name & Address: **Specialty Retailers, Inc. 10201 Main Street Houston TX 77025**

6. Ship to Name & Address _____

7. Importer of Record: **Specialty Retailers, Inc.** _____

8. Consignee Number: **74-0821900** _____

9. Country of Origin : _____

10. Commodity Harmonized Tariff Schedule Number (6 or 10 digit):

Item	HTS	P.O. Number

Shipper _____ Date _____

Signed By: _____ Title _____