



SPARTAN GLOBAL SERVICES GROUP, LLC
5209 MIDRIVERS MALL DRIVE, 2238
ST. CHARLES, MO 63304

ISF Filing Information Sheet

The following items must be completed 24 hours prior to loading

1. Importer of Record number: _____

2. Consignee number: A) _____

B) _____

C) _____

3. Seller (owner): A) Seller name: _____ PIC name: _____

PIC Email Address: _____ PIC contact phone#: _____

Address: _____ Street Address _____

_____ City _____ State _____ ZIP code _____

B) Seller name: _____ PIC name: _____

PIC Email Address: _____ PIC contact phone#: _____

Address: _____ Street Address _____

_____ City _____ State _____ ZIP code _____

C) Seller name: _____ PIC name: _____

PIC Email Address: _____ PIC contact phone#: _____

Address: _____ Street Address _____

_____ City _____ State _____ ZIP code _____

4. Buyer (owner): A) Buyer name: _____ PIC name: _____
PIC Email Address: _____ PIC contact phone#: _____
Address: _____ Street Address _____
_____ City _____, _____ State _____, _____ ZIP code _____.

B) Buyer name: _____ PIC name: _____
PIC Email Address: _____ PIC contact phone#: _____
Address: _____ Street Address _____
_____ City _____, _____ State _____, _____ ZIP code _____.

C) Buyer name: _____ PIC name: _____
PIC Email Address: _____ PIC contact phone#: _____
Address: _____ Street Address _____
_____ City _____, _____ State _____, _____ ZIP code _____.

5. Ship-to Party (ultimate consignee): A) Ship-to Party name: _____
Address: _____ Street Address _____
_____ City _____, _____ State _____, _____ ZIP code _____.

B) Ship-to Party name: _____
Address: _____ Street Address _____
_____ City _____, _____ State _____, _____ ZIP code _____.

C) Ship-to Party name: _____
Address: _____ Street Address _____
_____ City _____, _____ State _____, _____ ZIP code _____.

6. Manufacturer:

A) Manufacturer name: _____

Address: _____ Street Address _____

_____ City _____, _____ State _____, _____ ZIP code _____

B) Manufacturer name: _____

Address: _____ Street Address _____

_____ City _____, _____ State _____, _____ ZIP code _____

C) Manufacturer name: _____

Address: _____ Street Address _____

_____ City _____, _____ State _____, _____ ZIP code _____

7. Country of Origin:

A) _____

B) _____

C) _____

8. Commodity HTS-6:

A) _____

B) _____

C) _____

The following items should be completed as soon as possible, but no later than 24 hours prior to arrival.

9. Container stuffing location: _____

10. Consolidator:

Name: _____

Address: _____ Street Address _____

_____ City _____, _____ State _____, _____ ZIP code _____

Continuing Bond Number: _____