

IMPORTER SECURITY FILING AND ROUTING ORDER

Date:	
Supplier Company Name:	
Contact Person:	
Title:	
Street Address:	
City:	
State/Province:Country:	Zip:Postal Code:
Phone:Fax:	
Email:	
P.O.#	
Terms of Sale:	
Supplementary cargo Insurance requested?YesN	10

SUBJECT: Routing and/or Importer Security Filing Req	uest as follows:
Please note that we have made arrangements to	have our future consignments by AIR and
OCEAN forwarded through Cargo-Link International b	elow and their agents.
Please note that we appointed Cargo-Link Intern	ational as filer for all of our Importer Security
Filings (10+2). All commercial documents, packing list	s and transportation documents must be sent to
Cargo-link International within 5 Days of vessel depart	rture.
Cargo-Link International	
881 South 3760 West	
Salt Lake City, UT 84104	
Phone: (801) 975-9336	
FAX:(801) 975-9406	
Email: <u>ISFdocuments@cargolink.com</u>	
Very truly yours,	
Print your name:	
Signature:	
Title:	
Company Name:	
Address:	
	x:

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Email:_____