

Instructions for Completing ISF Document

In order to complete the ISF Document for submission to the ISF agent, data elements will need to be provided by the shipper and the forwarder. When completed, the form and a scanned copy of the commercial invoice must be sent to the ISF agent.

Step 1: Obtain information from the Forwarder and the Shipper to complete the ISF Document.

Instructions to complete the form follow:

Field Name	Responsible Party	Instructions
House Bill of Lading	Forwarder	SCAC of the issuer of the lowest BL number, and lowest BL number.
Booking Number	Forwarder	
Forwarding Agent	Forwarder	Name and Address of Forwarding Agent
Seller Name & Address	Shipper	Name and address of last known entity by whom the goods are sold or agreed to be sold. The party required for this element is consistent with the information required on the invoice of imported merchandise into the U.S.
Consolidator Name & Address	Shipper	Name and address of the last party who stuffed the container or arranged for the last stuffing of the container.
Manufacturer Name & Address	Shipper	Name and address of the entity that last manufactures, assembles, produces or grows the commodity or name and address of the supplier of the finished goods in the country from which they are leaving
Container Stuffing Location – Name & Address	Shipper	Name and address of the last party who stuffed the container or arranged for the stuffing of the container
Buyer Name & Address	Shipper	Name and address of the last known entity to whom the goods are sold or agreed to be sold

Ship to Name & Address	Shipper	Name and address of the first deliver-to party scheduled to physically receive the goods after the goods have been released from customs custody. This is Ship to Name & Address typically the party in the Consignee field of the BL
Consignee Name	Shipper	Full name of the party on whose account the goods are being shipped.
Delivery Note/Invoice Number	Shipper	Provide commercial invoice # if available. Copy of the commercial invoice should be scanned with the completed form.
Vessel Voyage Number	Forwarder	
Port of Loading	Forwarder	
Container	Forwarder	Provide the container number
Container Type	Forwarder	Provide the container type e.g. 20 ft
Date & Time of Departure	Forwarder	
Port of Unloading	Forwarder	
Date & Time of Arrival	Forwarder	
Containerize YES or NO	Forwarder	Please indicate yes or no
Description of Commodities	Shipper	Product description of the items being shipped. Please provide a clear description of the goods.
Harmonized Tariff Number (6-digits only)	Shipper	If the item does not already have a 6-digit harmonized tariff code, please contact the Varian Trade Compliance Department.

Country of Origin	Shipper	Country of manufacture, production, or growth of the article based upon import laws, rules, and regulations of the United States. This element is the same as the “country of origin” on CBP Form 3461.
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Step 2: Submit the completed form along with a scanned copy of the Commercial Invoice to the ISF Agent **48-hours prior to vessel lading**. Cargo Link is Varian Medical Systems, Inc. X-Ray Products’ ISF Agent via e-mail with a copy to the Trade Compliance Department.

ISF Agent – Cargo Link Contact Person:

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