



Type of Service:

**Inbond 7512 Form**

|                   |  |               |
|-------------------|--|---------------|
| Client Name:      |  | Today's Date: |
| Reference Number: |  |               |

**FOR All Shipments: Airline or Vessel Information**

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| Airline or Ocean line: |  | Port of Discharge:    |  |
| Booking Number:        |  | Country:              |  |
| Vessel Name:           |  | Cut Off Date:         |  |
| Voyage/Flight Number:  |  | Date of Sail/Flight:  |  |
| Port of load:          |  | Carrier's IRS Number: |  |

**FOR ALL Shipments: Consignee Information**

|                        |  |  |  |
|------------------------|--|--|--|
| Consignee's Name:      |  |  |  |
| Street Address:        |  |  |  |
| City:                  |  |  |  |
| State (if applicable): |  |  |  |
| Country:               |  |  |  |

**NVOCC or Freight Forwarder**

|                   |  |             |  |
|-------------------|--|-------------|--|
| NVOCC or FF Name: |  | IRS Number: |  |
|-------------------|--|-------------|--|

**Consolidators IBEC Bonded Warehouse**

|                    |  |             |  |
|--------------------|--|-------------|--|
| Warehouse Name:    |  | Firms Code: |  |
|                    |  | IRS Number: |  |
| Warehouse Address: |  |             |  |

**Trucker Delivering to Consolidators IBEC Bonded Whse for Consolidation of Freight**

|                 |  |             |  |
|-----------------|--|-------------|--|
| Trucker's Name: |  | IRS Number: |  |
| Tucker's CHL:   |  |             |  |

**Last Trucker Delivering Freight To the Seaport Port and/or Airlines**

|                 |  |             |  |
|-----------------|--|-------------|--|
| Trucker's Name: |  | IRS Number: |  |
| Tucker's CHL:   |  |             |  |

**Merchandise /Commodity**

| Ctns/Pcs | Description | Weight |
|----------|-------------|--------|
|          |             |        |
|          |             |        |
|          |             |        |
|          |             |        |
|          |             |        |
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|          |             |        |
|          |             |        |