



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:	
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Consolidators IBEC Bonded Warehouse

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

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