

PROFORMA INVOICE



Customs Clearance by:

Affiliated Customs Brokers USA, Inc.

REFERENCE #
PAGE of PAGES

EXPORTER (NAME AND ADDRESS)			
ULTIMATE CONSIGNEE (NAME AND ADDRESS)			
BUYER, IF OTHER THAN CONSIGNEE			

SPECIAL INSTRUCTIONS

EXPORTED FROM (COUNTRY/PROVINCE)
DESTINATION (COUNTRY/STATE)

TERMS OF SALE - DELIVERY - ETC. <input type="checkbox"/> Ex factory <input type="checkbox"/> At destination <input type="checkbox"/> Other or Bill Customs charges to : <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Other or Payable in _____ Funds Parties to this transaction are : <input type="checkbox"/> Related <input type="checkbox"/> Not Related Country of origin : <input type="checkbox"/> Canada <input type="checkbox"/> US returned goods <input type="checkbox"/> Other
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SHIPPING DATE	INVOICE DATE	DATE OF SALE	CURRENCY
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LOCAL CARRIER
EXPORTING CARRIER
DECLARED VALUE FOR CARRIAGE

MERCHANDISE	Temperature controlled <input type="checkbox"/>	Hazardous <input type="checkbox"/>	ITEM #	CLASS #	UN #
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MARKS AND NUMBERS, NUMBER AND KINDS OF PACKAGES, DESCRIPTION OF SHIPMENT	GROSS WEIGHT AND CUBAGE
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IF FOREIGN GOODS IN SAME CONDITION AS IMPORTED GIVE COUNTRY OF ORIGIN

PACKAGES	PRODUCT # AND DESCRIPTION	HS NUMBER	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL

ABOVE PRICES INCLUDE: Duty Brokerage Freight

DECLARATION DECLARATION BY FOREIGN SHIPPER (To be completed only when the goods described above are of U.S. origin and their value exceed \$1000.00). I _____ declare that the articles herein specified are to the best of my knowledge and belief, the growth, produce or manufacture of the United States: That they were exported from the United States from the port of _____ on or about _____ 20 ____ that they are returned without having been advanced in value or improved in condition by any process of manufacture or other means. SHIPPER _____ SIGNATURE _____ date signed _____

QPROINVE 01.03.29 REV.00

MODE OF TRANSPORTATION FROM POINT OF EXIT Road <input type="checkbox"/> Rail <input type="checkbox"/> Ocean <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>	IF GOODS NOT SOLD, STATE REASON FOR EXPORT (loan, repair, processing, etc.)
EXPORT PERMIT # _____ TOTAL Freight charges _____	THIRD PARTY BILLING (FREIGHT)
CONTAINERIZED Yes <input type="checkbox"/> No <input type="checkbox"/>	
INSURANCE <input type="checkbox"/> Declared value _____	
FREIGHT Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>	TERMS OF PAYMENT C.O.D. <input type="checkbox"/> OR
US PORT OF ENTRY _____	

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE _____ _____ _____ Shipper Signature _____ Date _____ Status: <input type="checkbox"/> Owner <input type="checkbox"/> Agent	<table border="1"> <tr> <td>PACKAGING</td> <td></td> <td>MISC. TRANSPORT</td> <td></td> </tr> <tr> <td>OCEAN OR INTL FREIGHT</td> <td></td> <td>COMMISSION</td> <td></td> </tr> <tr> <td>DOMICILE FRT CHARGES</td> <td></td> <td>CONTAINER</td> <td></td> </tr> <tr> <td>INSURANCE</td> <td></td> <td>ASSISTS</td> <td></td> </tr> </table>	PACKAGING		MISC. TRANSPORT		OCEAN OR INTL FREIGHT		COMMISSION		DOMICILE FRT CHARGES		CONTAINER		INSURANCE		ASSISTS	
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INVOICE TOTAL	
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