


PRO FORMA INVOICE

Exporter or Seller Phone: _____ Fax: _____ Consignee Fed ID/IRS#: _____ Phone: _____ (required) Buyer (If other than Consignee) Fed ID / IRS# : _____ Local Carrier _____ (Local) Point of Lading _____ Exporting Carrier _____ B/L, AWB, TRUCKBILL Number _____ Port of Entry _____ Shipper/consignee ref# _____		 FOR CUSTOMS CLEARANCE NOTIFY: MSR Customs Corporation Peace Bridge Plaza, Buffalo, New York 14213 Tel: (716) 881-6691 Fax: (716) 881-6694													
Destination (Country): <p align="center">USA</p> Border crossing point: Terms of Sale: FOB <input type="checkbox"/> Plant <input type="checkbox"/> Destination <input type="checkbox"/> Other _____ U.S. Duty & Brokerage Charges For: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Other: Parties Are: <input type="checkbox"/> Related <input type="checkbox"/> Not Related Duty & Brokerage Fees Included: <input type="checkbox"/> Yes <input type="checkbox"/> No Discounts Included: <input type="checkbox"/> No <input type="checkbox"/> Yes (Details attached)		Invoice Date _____ Date of Sale _____ Exchange Rate _____ Currency of Sale _____													
Shipment total: _____ ctns on _____ skids Gross Weight _____		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Country/ Province of Origin</th> <th style="width:20%;">Description of Goods</th> <th style="width:10%;">H.S. Number</th> <th style="width:10%;">Qty/Packaging</th> <th style="width:10%;">Unit Price</th> <th style="width:10%;">Invoice Total</th> </tr> </thead> <tbody> <tr> <td style="height: 200px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Country/ Province of Origin	Description of Goods	H.S. Number	Qty/Packaging	Unit Price	Invoice Total						
Country/ Province of Origin	Description of Goods	H.S. Number	Qty/Packaging	Unit Price	Invoice Total										
If good not sold state reason for export _____ Estimated Freight Charges to Port of Exit \$ _____ to Destination \$ _____ Mode of Transportation _____ Containerized _____ <input type="checkbox"/> Road <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No 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 _____ Date: _____ Status _____ Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Agent		Export Permit No. _____ Total Invoice: _____ To be completed by Canadian Shipper ONLY when the goods described above are of U.S. manufacture/growth. DECLARATION OF SHIPPER 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 _____ that they are returned without having been advanced in value or improved in condition by any process of manufacture or other means. Signature _____ Status _____													

PAPS Sticker:

