



RUTHERFORD GLOBAL LOGISTICS

TORONTO • MISSISSAUGA • NEWMARKET • HAMILTON • SARNIA
NIAGARA FALLS • FORT ERIE • WINDSOR • CALGARY • COUTTS
VANCOUVER • RICHMOND • PACIFIC HIGHWAY • MONTREAL • LACOLLE



Export Proforma

1 Exporter: _____ Sold To: _____ IRS No.: _____	INSTRUCTIONS: Please complete and fax to: Toronto: 905-673-2656 Vancouver: 604-273-8610 Montreal: 514-636-2294																														
2 Reason for Shipment: <input type="checkbox"/> Sold <input type="checkbox"/> For Repairs <input type="checkbox"/> Not According To Order <input type="checkbox"/> For Processing <input type="checkbox"/> Other: _____	Ship To: _____ _____ IRS No.: _____																														
3 Shipment Information: Carrier pick/up to be arranged by: <input type="checkbox"/> Rutherford <input type="checkbox"/> Exporter/Shipper <input type="checkbox"/> Consignee No. of Pcs: _____ Weight: _____ <input type="checkbox"/> lbs. <input type="checkbox"/> kgs. Dimensions: _____																															
4 Description of Goods: <input type="checkbox"/> as attached <input type="checkbox"/> as listed below																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Qty</th> <th style="width:50%;">Description - Include serial numbers and HS No. (if known)</th> <th style="width:15%;">Country of Origin</th> <th style="width:10%;">Unit Price</th> <th style="width:10%;">Total Price</th> <th style="width:5%;">Currency</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Qty	Description - Include serial numbers and HS No. (if known)	Country of Origin	Unit Price	Total Price	Currency																								
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5 Import Information: Good were imported on a: <input type="checkbox"/> Duty paid B3 <input type="checkbox"/> E29B <input type="checkbox"/> 1/60th <input type="checkbox"/> Unknown Import Entry Number: _____ Date: _____ Drawback or Refund Claim Required: <input type="checkbox"/> Yes <input type="checkbox"/> No																															
6 Export Freight Information: Ship via: <input type="checkbox"/> Air <input type="checkbox"/> Courier <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Ocean <input type="checkbox"/> Other: _____ Shipping to be arranged by: <input type="checkbox"/> Rutherford <input type="checkbox"/> Exporter <input type="checkbox"/> Consignee Ship: <input type="checkbox"/> Direct <input type="checkbox"/> Call for Special Instructions Goods must arrive by: _____																															
7 U.S. Customs Clearance Information: U.S. Customs Clearance to be arranged by: <input type="checkbox"/> Rutherford <input type="checkbox"/> Exporter <input type="checkbox"/> Consignee Name of Exporter or Consignee U.S. Customs Broker: _____ U.S. Customs Temporary Import Bond (TIB) required: <input type="checkbox"/> Yes <input type="checkbox"/> No NAFTA Certificate of Origin: <input type="checkbox"/> Attached <input type="checkbox"/> Blanket on File <input type="checkbox"/> Not required - foreign goods																															
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	Canadian Export Charges: <input type="checkbox"/> Prepaid Exporter <input type="checkbox"/> Collect to Consignee																														
9 Insurance Information: Insurance Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD <i>(Note: usual carrier insurance is approx. \$2.00 CAD/lb. UPS maximum insurance is \$100.00 CAD)</i>																															
10 Exporter Contact Information: Exporter Contact Person (please print name): _____ Phone No.: _____ Fax No.: _____ Date: _____ Signature: _____																															