

1a. Exporter - Shipper - Seller		PROFORMA INVOICE FILER CODE: MFT		
		SHIPPER: PLEASE BE SURE TO COMPLETE ALL APPLICABLE AREAS.		
b. Federal Tax ID#	c. Related Parties <input type="checkbox"/> Yes <input type="checkbox"/> No	2. DATE OF EXPORTATION	3. PORT OF CROSSING (IF KNOWN):	
4a. ULTIMATE CONSIGNEE		<p style="font-size: small;">Email: chb@mainfreightusa.com 1400 Glenn Curtiss St Carson, CA 90746 USA PH: 800-283-8888</p>		
b. Federal Tax ID#				
5a. BUYER - IF OTHER THAN CONSIGNEE				
6. COUNTRY/PROVINCE OF EXPORT				
7. CURRENCY <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> OTHER-		15. Check if Applicable: <input type="checkbox"/> NAFTA Applies - Please attach copy of completed NAFTA Certificate of Origin		
8. LOCAL CARRIER:	9. MODE OF TRANSPORT (Specify) <input type="checkbox"/> Truck <input type="checkbox"/> Rail	16. BILL CUSTOMS CHARGES TO: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Third Party		
10. EXPORTING CARRIER	11. PORT OF EXPORT	17. APPLICABLE INCOTERM: <input type="checkbox"/> CPT <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> DAT <input type="checkbox"/> DAP <input type="checkbox"/> DDP <input type="checkbox"/> EXW		
12. CARRIER CONTACT NAME:	13. CARRIER PHONE:			
14. Freight Included in Customs Value? <input type="checkbox"/> Yes Amt: \$ <input type="checkbox"/> No		18. HAZARDOUS MATERIALS: <input type="checkbox"/> Yes - Attach MSDS/Support Docs <input type="checkbox"/> No		
20. Any US Goods returned which have not been advanced in value must have a foreign shipper's declaration and, if CBP requests, a NAFTA or Mfr's affidavit from the Mfr must be provided to prove US origin		21. Shipper Ref#		22. Declared Value or Price if not sold:
		23 Ctns: 24. Individual Quantity and Description of Goods - Must be detailed enough to permit accurate tariff classification.		
		25. Unit Qty (ea)	26. Unit Value	27. Country / Province of Origin
				28. Weight (kg)
				Note: All items must have a declared value.
				TOTAL: \$
29. DATE	30. FIRM NAME IF NOT EXPORTER, BUYER, OR SELLER	33. SPECIAL INSTRUCTONS:		
31. Telephone No. (Including Area Code)	32. E-mail address			
I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE IN EVERY RESPECT:		RETURN COMPLETED INVOICE TO: MAINFREIGHT, INC. EMAIL: CHB@MAINFREIGHTUSA.COM		
SIGNATURE:	DATE			