

PROFORMA INVOICE

Exporter, Shipper, Seller (Complete Name and Address)		Shipment #	Shipment Date	Invoice #	Page
					1 of
Consignee (Ship To) (Complete Name and Address)		Terms of Sale - Delivery - Payment, Etc.			
		FOB: <input type="checkbox"/> Plant <input type="checkbox"/> Destination or <input type="checkbox"/>			
Sold To		Customs Charges to: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Other			
		Prices below include: <input type="checkbox"/> US Brokerage <input type="checkbox"/> US Duty / MPF <input type="checkbox"/> Freight			
Broker		Parties are: Related <input type="checkbox"/> Not Related <input type="checkbox"/>			
		Importer of Record			
Telephone:					Tax No.
Fax:		<u>Port of Entry</u>		<u>Place of Lading</u>	
		<u>Country of Origin</u> As per the attached recap		<u>Destination</u> Various	
		<u>Pre-carriage By</u>		<u>Invoice Date</u>	
		<u>Exporting Carrier</u>		<u>Car or Truck Number</u>	
		<u>Gross Weight / Cubage</u>		<u>Currency of Sale</u>	

If foreign goods in same condition as imported, give country of origin.	DESCRIPTION OF GOODS	Unit Quantity	Unit Price	Total
	Invoice Item Description (To include marks, numbers and kinds of packages). US Customs requires weight and measured in metric. See Attached Recap Entry Number: PAPS Number:			

DECLARATION BY FOREIGN SHIPPER (To be completed only when the goods described above are of U.S. origin and their value exceeds \$1,000.00)

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 _____ and that they are returned without having been advanced in value or improved in condition by any process of manufacture or any other means.

SHIPPER SIGNATURE DATE SIGNED

FREIGHT CHARGES				Export Permit No.	IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOAN, REPAIR, PROCESSING, ETC.)
<input type="checkbox"/> Prepaid Included	<input type="checkbox"/> Prepaid Charged	<input type="checkbox"/> Collect	<input type="checkbox"/> Display Only	N.P.R.	
MODE OF TRANSPORTATION FROM POINT OF EXIT				<u>Containerized</u>	
<input type="checkbox"/> Road	<input type="checkbox"/> Rail	<input type="checkbox"/> Water	<input type="checkbox"/> Air	<input type="checkbox"/> Other	<input type="checkbox"/>

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S) IF ANY, IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. <input type="checkbox"/> Owner <input type="checkbox"/> Agent	Packaging		Misc. Transport	
	Ocean or Domestic		Commission	
	Domestic Freight		Container	
	Insurance		Assists	
	INVOICE TOTAL			

DEPARTMENT OF THE TREASURY
 UNITED STATES CUSTOMS SERVICE
 NORTH AMERICAN FREE TRADE AGREEMENT

See Instruction Sheet for
 Paperwork Reduction Act
 Notice

CERTIFICATE OF ORIGIN

19 CFR 181.11, 181.22

1. EXPORTER NAME AND ADDRESS

TAX IDENTIFICATION # _____

2. BLANKET PERIOD (MM/DD/YY)

FROM _____
 TO _____

3. PRODUCER NAME AND ADDRESS

4. IMPORTER NAME AND ADDRESS

Various

5. DESCRIPTION OF GOOD(S)	PART #	6. HS TARIFF CLASSIFICATION NUMBER	7. PREFERENCE CRITERION	8. PRODUCER	9. NET COST	10. COUNTRY OF ORIGIN

I CERTIFY THAT:

THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE AND I ASSUME THE RESPONSIBILITY FOR PROVING SUCH REPRESENTATIONS. I UNDERSTAND THAT I AM LIABLE FOR ANY FALSE STATEMENTS OR MATERIAL OMISSIONS MADE ON OR IN CONNECTION WITH THIS DOCUMENT;

I AGREE TO MAINTAIN, AND PRESENT UPON REQUEST, DOCUMENTATION NECESSARY TO SUPPORT THIS CERTIFICATE, AND TO INFORM, IN WRITING, ALL PERSONS TO WHOM THE CERTIFICATE WAS GIVEN OF ANY CHANGES THAT COULD AFFECT THE ACCURACY OR VALIDITY OF THIS CERTIFICATE.

THE GOODS ORIGINATED IN THE TERRITORY OF ONE OR MORE OF THE PARTIES, AND COMPLY WITH THE ORIGIN REQUIREMENTS SPECIFIED FOR THOSE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT, AND UNLESS SPECIFICALLY EXEMPTED IN ARTICLE 411 OR ANNEX 401. THERE HAS BEEN NO FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE PARTIES; AND

THIS CERTIFICATE CONSISTS OF PAGES, INCLUDING ALL ATTACHMENTS.

11a. AUTHORIZED SIGNATURE	11b. COMPANY	_____
	11c. NAME	_____
	11d. TITLE	_____
	11e. DATE	_____
	11f. TELEPHONE	Voice _____ Fax _____