

EXPORTER: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> ID# <input style="width: 100px;" type="text"/>	IMPORTER OF RECORD: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> I.R.S.# <input style="width: 100px;" type="text"/>
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SHIPPED FROM: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	CONSIGNEE: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> I.R.S.# <input style="width: 100px;" type="text"/>
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U.S. Customs Broker: NORMAN G. JENSEN U.S. Duty and Brokerage for the account of: P. MINES CUSTOMS SERVICES INC.		Freight amount, if any included in prices below: <input style="width: 100%;" type="text"/>				
Carrier <input style="width: 100%;" type="text"/>		Place of Loading (Ctry/Prov) <input style="width: 100%;" type="text"/>				
Parties to this transaction are: <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 20%;">Not Related</td> <td style="border: none; width: 10%; text-align: center;">X</td> <td style="border: none; width: 20%;">Related</td> <td style="border: none; width: 49%;"></td> </tr> </table>		Not Related	X	Related		Destination (Country/State) <input style="width: 100%;" type="text"/>
Not Related	X	Related				
Port of Entry <input style="width: 100%;" type="text"/>		Purchase Order No. <input style="width: 100%;" type="text"/>				
Shipped From <input style="width: 100%;" type="text"/>		Other Reference No. <input style="width: 100%;" type="text"/>				
Currency of Settlement <input style="width: 100%;" type="text"/>		Invoice Date <input style="width: 100%;" type="text"/>				
Shipping Weight / KGM's <input style="width: 100%;" type="text"/>		Export Date <input style="width: 100%;" type="text"/>				
<input style="width: 100%;" type="text"/>		No. of Pkgs: <input style="width: 100%;" type="text"/>				

DESCRIPTION OF GOODS	C/O	H.S. CODE	QUANTITY	UNIT PRICE	TOTAL PRICE

I hereby certify that the information given above and/or on the continuation sheet(s), is true and complete in every respect.		Freight <input style="width: 100%;" type="text"/>
Firm Name & Address if different from Exporter box above: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>		Packaging <input style="width: 100%;" type="text"/>
Date: <input style="width: 100px;" type="text"/>		Assists <input style="width: 100%;" type="text"/>
Agent Signature: <input style="width: 95%;" type="text"/>		Invoice Total <input style="width: 100%;" type="text"/>
Shipper Signature: <input style="width: 95%;" type="text"/>		