

PROFORMA INVOICE



Customs Clearance by:

Affiliated Customs Brokers USA, Inc.

| |
|---------------|
| REFERENCE # |
| PAGE of PAGES |

| | | | |
|---------------------------------------|--|--|--|
| EXPORTER (NAME AND ADDRESS) | | | |
| ULTIMATE CONSIGNEE (NAME AND ADDRESS) | | | |
| BUYER, IF OTHER THAN CONSIGNEE | | | |

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| SPECIAL INSTRUCTIONS |
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|-----------------------------------|
| EXPORTED FROM (COUNTRY/PROVINCE) |
| DESTINATION (COUNTRY/STATE) |

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TERMS OF SALE - DELIVERY - ETC. <input type="checkbox"/> Ex factory <input type="checkbox"/> At destination <input type="checkbox"/> Other or Bill Customs charges to : <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Other or Payable in _____ Funds Parties to this transaction are : <input type="checkbox"/> Related <input type="checkbox"/> Not Related Country of origin : <input type="checkbox"/> Canada <input type="checkbox"/> US returned goods <input type="checkbox"/> Other |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|---------------|--------------|--------------|----------|
| SHIPPING DATE | INVOICE DATE | DATE OF SALE | CURRENCY |
|---------------|--------------|--------------|----------|

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|-----------------------------|
| LOCAL CARRIER |
| EXPORTING CARRIER |
| DECLARED VALUE FOR CARRIAGE |

| | | | | | |
|-------------|-------------------------------------------------|------------------------------------|--------|---------|------|
| MERCHANDISE | Temperature controlled <input type="checkbox"/> | Hazardous <input type="checkbox"/> | ITEM # | CLASS # | UN # |
|-------------|-------------------------------------------------|------------------------------------|--------|---------|------|

| | |
|--------------------------------------------------------------------------|-------------------------|
| MARKS AND NUMBERS, NUMBER AND KINDS OF PACKAGES, DESCRIPTION OF SHIPMENT | GROSS WEIGHT AND CUBAGE |
|--------------------------------------------------------------------------|-------------------------|

IF FOREIGN GOODS IN SAME CONDITION AS IMPORTED GIVE COUNTRY OF ORIGIN ↓

| PACKAGES | PRODUCT # AND DESCRIPTION | HS NUMBER | NET WEIGHT | QUANTITY | UNIT PRICE | TOTAL |
|----------|---------------------------|-----------|------------|----------|------------|-------|
| | | | | | | |

ABOVE PRICES INCLUDE: Duty Brokerage Freight

| | |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DECLARATION | DECLARATION BY FOREIGN SHIPPER (To be completed only when the goods described above are of U.S. origin and their value exceed \$1000.00). 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 _____ 20 ____ that they are returned without having been advanced in value or improved in condition by any process of manufacture or other means. SHIPPER _____ SIGNATURE _____ date signed _____ |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| MODE OF TRANSPORTATION FROM POINT OF EXIT Road <input type="checkbox"/> Rail <input type="checkbox"/> Ocean <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/> | IF GOODS NOT SOLD, STATE REASON FOR EXPORT (loan, repair, processing, etc.) |
| EXPORT PERMIT # _____ TOTAL Freight charges _____ | THIRD PARTY BILLING (FREIGHT) |
| CONTAINERIZED Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| INSURANCE <input type="checkbox"/> Declared value _____ | |
| FREIGHT Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> | US PORT OF ENTRY |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 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 _____ _____ _____ Shipper Signature _____ Date _____ Status: <input type="checkbox"/> Owner <input type="checkbox"/> Agent | TERMS OF PAYMENT OR C.O.D. <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|

| | | | |
|-----------------------|--|-----------------|--|
| PACKAGING | | MISC. TRANSPORT | |
| OCEAN OR INTL FREIGHT | | COMMISSION | |
| DOMICILE FRT CHARGES | | CONTAINER | |
| INSURANCE | | ASSISTS | |

INVOICE TOTAL

QPROINVE 01.03.29 REV.00