


# U.S. Customs Invoice

1 Exporter, Shipper, Seller (Complete Name & Address)		U.S. CUSTOMS CLEARANCE BY:  <b style="color: green;">Jones &amp; Jones Customs Brokers</b> CDN. PHN: 888-536-5079 CDN. FAX: 888-536-9742 U.S. PHN: 360-332-6090 U.S. FAX: 360-332-1282 <b style="color: green;">"Service with Integrity"</b>		Exp Ref. No. _____  Page _____ of _____ Pages	
3 U.S. Buyer (Sold To) complete name and address (To Include Fed. Tax ID #)  Parties to this transaction are: <input type="checkbox"/> Not Related <input type="checkbox"/> Related  I.R.S.# _____		4 Consignee (Ship To) (Complete Name and Address)(To Include Fed. Tax ID #) (if different from block 3)  I.R.S.# _____			
5 Terms of Sale - Delivery - Payment <input type="checkbox"/> F.O.B. PLANT or <input type="checkbox"/> DESTINATION or _____ Prices Shown in Column 18 INCLUDE: <input type="checkbox"/> U.S. BROKERAGE <input type="checkbox"/> CVD/ADD <input type="checkbox"/> FREIGHT Discount (Specify Type/Amount) _____ Other (Specify) _____ U.S. Duty and/or Brokerage Charge for <input type="checkbox"/> Shipper <input type="checkbox"/> Buyer <input type="checkbox"/> Consignee or for the Account of: _____		6 Place of Lading (City/Province/Country) _____		7 Country & Province of Manufacture _____	
		8 U.S. Port of Entry _____		10 Destination (City/State/Country) _____	
		10 Invoice No. _____	11 Currency of Sale _____		12 Gross Weight and Cubage (Metric) _____
		13 Exporting Carrier _____		14 Car No. Truck Number _____	
15 Invoice item description (To include marks, numbers & kinds of packages) U.S. Customs requires weights and measures in metric		16 Invoice Unit Quantity	17 Invoice Unit Price	18 Invoice Total	
IF USA GOODS MUST BE PRODUCED OR MANUFACTURED IN THE U.S.A. AND NOT MERELY SHIPPED FROM U.S.A.  YOU MUST EITHER SHOW F.O.B. PLACE OF LADING VALUE OR LIST THE CHARGES INCLUDED IN THIS VALUE SUCH AS FREIGHT DUTY COMMISSIONS ETC.		19 If goods are not sold, state reason for export _____		20 Export Permit No. _____	
		21 Estimated freight charges to point of exit \$ _____ Or to destination \$ _____		29 Packaging _____	
		22 Mode of Transport from point of exit <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Other		23 Containerized <input type="checkbox"/> Yes <input type="checkbox"/> No	
		I hereby certify that the information given above is true and complete in every respect.		30 Ocean or Inter-International Freight _____	
		24 Give firm name and address if different from exporter box above. _____		31 Domestic Freight Charges _____	
		_____ 25 Date _____		32 Insurance _____	
		_____ 27 Status <input type="checkbox"/> Owner <input type="checkbox"/> Agent		33 Misc. Transp. _____	
		_____ 26 Agent: Signature _____		34 Commission _____	
		_____ 28 Shipper: Signature _____		35 Container _____	
				36 Assists _____	
		37 Invoice Total \$ _____			