


U.S. Customs Invoice

1 Exporter, Shipper, Seller (Complete Name & Address)		U.S. CUSTOMS CLEARANCE BY:  <b style="color: green;">Jones & Jones Customs Brokers 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"		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 _____ 9 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	
19 If goods are not sold, state reason for export _____		20 Export Permit No. _____		29 Packaging	
21 Estimated freight charges to point of exit \$ _____ Or to destination \$ _____		23 Containerized <input type="checkbox"/> Yes <input type="checkbox"/> No		30 Ocean or Inter-International Freight	
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		I hereby certify that the information given above is true and complete in every respect. 24 Give firm name and address if different from exporter box above.		31 Domestic Freight Charges	
_____ 25 Date _____		_____ 27 Status <input type="checkbox"/> Owner <input type="checkbox"/> Agent		32 Insurance	
_____ 26 Agent: Signature _____		_____ 28 Shipper: Signature _____		33 Misc. Transp.	
_____		_____		34 Commission	
_____		_____		35 Container	
_____		_____		36 Assists	
_____		_____		37 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 INVOLVED IN THIS VALUE SUCH AS FREIGHT DUTY COMMISSIONS ETC.