


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 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	
IF USA GOODS MUST BE PRODUCE OR MANUFACTURE OF 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.	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		30 Ocean or Inter-International Freight _____		
	23 Containerized <input type="checkbox"/> Yes <input type="checkbox"/> No		31 Domestic Freight Charges _____		
	I hereby certify that the information given above is true and complete in every respect.		32 Insurance _____		
	24 Give firm name and address if different from exporter box above.		33 Misc. Transp. _____		
	_____ 25 Date _____		34 Commission _____		
	_____ 27 Status <input type="checkbox"/> Owner <input type="checkbox"/> Agent		35 Container _____		
	26 Agent: Signature _____		36 Assists _____		
	28 Shipper: Signature _____		37 Invoice Total \$ _____		