

PROFORMA INVOICE

NAME AND ADDRESS OF EXPORTER TAX NO.		BROKER																	
		CUSTOMER NO. .																	
		REFERENCE NO.																	
		BILL OF LADING																	
SHIP TO US FEDERAL TAX ID NO.		LOCAL CARRIER EXPORTING CARRIER PORT OF ENTRY																	
SOLD TO TAX NO.		DESTINATION																	
		TERMS OF SALE * DELIVERY * PAYMENT, ETC. FOB: __ PLANT __ DESTINATION OR _____ CUSTOMS CHGS TO: __ SHIPPER __ CONSIGNEE __ OTHER _____																	
NOTES FOR CUSTOMS CLEARANCE NOTIFY: ACCOUNT NO.		PARTIES TO THE TRANSACTION ARE: __ RELATED __ NOT RELATED COUNTRY OF ORIGIN __ CANADA __ US GOODS RETURNED __ OTHER																	
		INVOICE DATE ___/___/___ EXCHANGE RATE _____																	
		SALE DATE ___/___/___ CURRENCY SALE _____																	
MARKS AND NUMBERS		GROSS WEIGHT & CUBAGE																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">COUNTRY ORIG.</th> <th style="width:10%;">*HS CODE</th> <th style="width:30%;">DESCRIPTION</th> <th style="width:10%;">GROSS WEIGHT</th> <th style="width:10%;">NET WEIGHT</th> <th style="width:10%;">QUANTITY UNIT</th> <th style="width:10%;">PRICE</th> <th style="width:10%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td colspan="8" style="height: 100px; vertical-align: top;"> ABOVE PRICES INCLUDE __ DUTY __ BROKERAGE __ FREIGHT </td> </tr> </tbody> </table>				COUNTRY ORIG.	*HS CODE	DESCRIPTION	GROSS WEIGHT	NET WEIGHT	QUANTITY UNIT	PRICE	TOTAL	ABOVE PRICES INCLUDE __ DUTY __ BROKERAGE __ FREIGHT							
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Declaration By Foreign Shipper (To Be Completed Only When The goods Described Above are of U.S. Origin and their Value Exceeds \$1000.00) I, _____ declare that the articles herein specified are to the best of my knowledge and belief, the growth, produce, or manufacture of of the United States: That they were exported from the United States from the port of _____ on or about _____ that they are returned without having been advanced in value or improved in condition by any process of manufacture or any other means.																			
SHIPPER Freight Charges - \$ _____ __ PREPAID INCL __ PREPAID CHG __ COLLECT __ DISPLAY ONLY		SIGNATURE DATE SIGNED Containerized __ Yes __ No																	
Mode of Transportation From Point of Exit __ ROAD __ RAIL __ WATER __ AIR __ OTHER _____		EXPORT PERMIT NO.																	
I HEREBY CERTIFY 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 DATE: ___/___/___ STATUS SIGNATURE _____ OWNER _____ AGENT		IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOAN, REPAIR, PROCESSING, ETC.)																	
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">PACKAGING</td> <td style="width:10%;">\$</td> <td style="width:30%;">MISC TRANS</td> <td style="width:10%;">\$</td> </tr> <tr> <td>OCEAN / INT'L</td> <td>\$</td> <td>COMMISSION</td> <td>\$</td> </tr> <tr> <td>DOMESTIC FRT</td> <td>\$</td> <td>CONTAINER</td> <td>\$</td> </tr> <tr> <td>INSURANCE</td> <td>\$</td> <td>ASSISTS</td> <td>\$</td> </tr> </table>		PACKAGING	\$	MISC TRANS	\$	OCEAN / INT'L	\$	COMMISSION	\$	DOMESTIC FRT	\$	CONTAINER	\$	INSURANCE	\$	ASSISTS	\$
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SPECTRUM CUSTOMS BORDER SERVICES INC.

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