

Exporter: Tax ID:		Customs Clearance by: Tax ID Number:		Exporter Reference Number: Number of invoice pages: Page ___ of ___			
Consignee: Tax ID: First and Last Name:		Buyer, if other than consignee: Tax ID Number:					
Email: _____ Phone: _____		Terms of Sale – Delivery – Payment:					
Title: _____		Parties to this transaction are: <input type="checkbox"/> Related <input type="checkbox"/> Not Related					
Carrier: _____		Invoice value includes: <input type="checkbox"/> Brokerage fee <input type="checkbox"/> Freight <input type="checkbox"/> Duty & Tax					
US Port of Entry: _____		Total freight: <input type="checkbox"/>					
Destination (country/state): _____		Bill Customs charges to: <input type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> Buyer					
Country of Origin (MFGR)	Marks and Numbers:	Numbers and Kind of Packages:		Currency of Sale:			
				Gross Weight: <input type="checkbox"/> LB <input type="checkbox"/> KG			
	Invoice Item Description	HTS Number	Unit Net Weight	Total Net Weight	Quantity	Unit Price	Total
If goods are not sold, state reason for export (loan, repair, processing, etc.)				Ttl Net	Ttl Qty	Ttl All Items	
Mode of Transportation from point of exit: <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Ocean <input type="checkbox"/> Air <input type="checkbox"/> Other				Export Permit Number		Packaging	
I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. Name & Address, if different from Exporter box above: Shipper Signature: _____ Date: _____ Status: <input type="checkbox"/> Owner <input type="checkbox"/> Agent						Ocean / Int'l Freight / Transportation	
						Domestic Freight Chg	
						Insurance	
						Misc. Transp.	
						Commission	
						Container	
						Assists	
		TOTAL INVOICE					

