

<b>Exporter:</b>  Tax ID: _____		<b>Customs Clearance by:</b>  Tax ID Number: _____			<b>Exporter Reference Number:</b>  Number of invoice pages: Page ____ of ____		
<b>Consignee:</b>  Tax ID: _____		<b>Buyer, if other than consignee:</b>  Tax ID Number: _____					
Local Carrier: _____		<b>Terms of Sale – Delivery – Payment:</b> Parties to this transaction are: <input type="checkbox"/> Related <input type="checkbox"/> Not Related Invoice value includes: <input type="checkbox"/> Brokerage fee <input type="checkbox"/> Freight <input type="checkbox"/> Duty & Tax Total freight: <input type="checkbox"/> Bill Customs charges to: <input type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> Buyer					
Exporting Carrier: _____							
Port of Lading (country/province): _____							
US Port of Entry: _____							
Destination (country/state): _____		Currency of Sale: _____			Gross Weight: <input type="checkbox"/> LB <input type="checkbox"/> KG		
<b>Country of Origin (MFGR)</b>	Marks and Numbers: _____	Numbers and Kind of Packages: _____					
	<b>Invoice Item Description</b>	<b>HTS Number</b>	<b>Unit Net Weight</b>	<b>Total Net Weight</b>	<b>Quantity</b>	<b>Unit Price</b>	<b>Total</b>
					<b>Ttl Net</b>	<b>Ttl Qty</b>	<b>Ttl All Items</b>
For Customs Clearance in: _____ Phone: _____ Fax: _____ If goods are not sold, state reason for export (loan, repair, processing, etc.)							
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		<b>Packaging</b>
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							<b>Ocean / Int'l Freight / Transportation</b>
							<b>Domestic Freight Chg</b>
							<b>Insurance</b>
							<b>Misc. Transp.</b>
							<b>Commission</b>
							<b>Container</b>
							<b>Assists</b>
		<b>TOTAL INVOICE</b>					

Marks & Numbers:

Number & Kind of Packages:

Country of Origin (MFGR)	Invoice Item Description	HTS Number	Unit Net Weight	Total Net Weight	Quantity	Unit Price	Total