

Exporter: Tax ID: _____		Customs Clearance by: Tax ID Number: _____			Exporter Reference Number: Number of invoice pages: Page ____ of ____		
Consignee: Tax ID: _____		Buyer, if other than consignee: Tax ID Number: _____					
Local Carrier: _____		Terms of Sale – Delivery – Payment: 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		
Country of Origin (MFGR)	Marks and Numbers: _____	Numbers and Kind of Packages: _____					
	Invoice Item Description	HTS Number	Unit Net Weight	Total Net Weight	Quantity	Unit Price	Total
For Customs Clearance in: _____ Phone: _____ Fax: _____ 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	

