

## COMMERCIAL INVOICE

|   |                        |   |  |   |  |   |                 |
|---|------------------------|---|--|---|--|---|-----------------|
| SELLER / SHIPPER - NAME AND ADDRESS<br><br>Email: _____<br>Phone: _____ Contact: _____  |                        |   |  | EXPORTER - NAME AND ADDRESS<br><br>Email: _____<br>Phone: _____ Contact: _____  |  | PAGE<br><br>OF                            |                 |
| CONSIGNEE / SHIP TO PARTY NAME AND ADDRESS:<br><br>Email: _____<br>Phone: _____ Contact: _____<br><br><input type="checkbox"/> EIN <input type="checkbox"/> SSN <input type="checkbox"/> CUSTOMS ASSIGNED<br><b>**REQUIRED FOR U.S. CUSTOMS CLEARANCE</b> |                        |   |  | BUYER - IF OTHER THAN CONSIGNEE / SHIP TO PARTY<br><br>Email: _____<br>Phone: _____ Contact: _____<br>IRS / TAX ID# OR SOCIAL SECURITY #<br><br><b>**REQUIRED FOR U.S. CUSTOMS CLEARANCE</b>  |  |   |                 |
| BILL CUSTOM CHARGES TO:<br><br><input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> OTHER:<br><br>TERMS OF SALE, PAYMENT & DISCOUNT   |                        |   |  | U.S. DUTY & BROKERAGE INCLUDED IN INVOICE VALUE<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>FREIGHT INCLUDED IN INVOICE VALUE<br><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE FREIGHT<br>COST PARTIES TO THIS TRANSACTION ARE RELATED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |                 |
| POINT OF SHIPMENT<br>(COUNTRY/ PROVINCE)<br><br><b>CANADA /</b>   |                        | DESTINATION<br>(COUNTRY/ STATE)<br><br><b>USA /</b> |  | LOCAL CARRIER<br><br>CURRENCY<br><input type="checkbox"/> USD <input type="checkbox"/> CDN <input type="checkbox"/> OTHER   |  | EXPORTING CARRIER<br><br>PORT OF CROSSING |                 |
| COUNTRY OF ORIGIN / MANUFACTURER  | HARMONIZED TARIFF CODE | NO OF PCS   | DESCRIPTION OF GOODS<br>PROVIDE SUFFICIENT DETAIL TO PERMIT CLASSIFICATION ACCORDING TO TARIFF SCHEDULE OF THE U.S.  |   |  | UNIT VALUE                                | TOTAL           |
| TOTAL PKGS  | WEIGHT                 | EXPORT PERMIT NO (LUMBER ONLY)                      | <input type="checkbox"/> I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE & ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE & COMPLETE IN EVERY RESPECT<br><br>SIGNATURE: _____ DATE: _____ |   |  |   | TOTAL INV VALUE |
| ##totalpkgs##   |                        |   | ##totalweight##  |   |  | \$ ##totalvalue##                         |                 |