

PROFORMA INVOICE

DATE:	
AWB:	

SHIPPER	
Company Name:	
Street Address:	
Address:	
City, State:	
Country:	
ZIP Code:	
Contact Person:	
Phone:	
Email or Fax #:	

CONSIGNEE	
Company Name:	
Street Address:	
Address:	
City, State:	
Country:	
ZIP Code:	
Contact Person:	
Phone:	
Email or Fax #:	

REASON FOR EXPORT:	
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CONSIGNEE TAX ID (IRS) #	CLEARANCE BY	MODE OF TRANSPORT
		AIR
		GROUND

QUANTITY	DESCRIPTION OF GOODS	HS CODE	COUNTRY OF ORIGIN	UNIT PRICE \$	TOTAL
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
TOTAL VALUE FOR CUSTOM PURPOSES IS CERTIFIED TRUE & CORRECT			CDN \$	TOTAL	\$ -

SHIPPERS SIGNATURE:		TITLE:	
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I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE