


# US Customs Invoice

BBi V.7.0121.2  
EXP. 12.31.2022  
Document Type: CIV

Exporter, Shipper, or Seller				 <b>BORDER BROKERS</b>			
1. Name							
2. Address							
3. City, Province		4. Z.I.P./Postal Code					
5. Telephone Number		6. Invoice Date					
Buyer				Consignee (Ship To)		Check if same as buyer	
7. Name				14. Name			
8. Address				15. Address			
9. City, State		10. Z.I.P./Postal Code		16. City, State		17. Z.I.P./Postal Code	
11. IRS/SSN/CBN		12. Telephone Number		18. IRS/SSN/CBN		19. Telephone Number	
13. E-mail				20. E-mail			
21. Bill U.S. Duty, MPF, and/or Brokerage to:						22. Invoice Number	
Consignee    Buyer    Shipper    Importer    3rd Party:							
Importer of Record				27. Relations		28. INCO Terms	
23. Name				Related                  Not Related			
24. Address				29. U.S. Duty & Brokerage Included in Invoice Value			
				Yes                  No			
25. City, State/Province				30. Is Freight Included in Invoice Value? <span style="float: right;"><u>Fill Below only if freight included</u></span>			
26. Z.I.P./Postal Code				Yes                  No		Amount: \$	
				Yes                  No		Currency:                  USD                  CAD	
31. Shipping Weight		32. Total Piece Count		33. ADD/CVD Included in Total Value		34. Total Invoice Value	
KGS LBS		Units		Yes                  No                  N/A		USD CAD	
List of Products							
Description of Goods	Tariff Number	Country of Origin	Origin Criterion	Weight	Quantity	Total Value	
1						\$	
2						\$	
3						\$	
4						\$	
5						\$	
6						\$	
7						\$	
8						\$	
9						\$	
10						\$	
11						\$	
12						\$	
<b>USMCA Certification</b>				<b>Totals:</b>			
(US, Mexico & Canada Only)							
I certify that the goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for proving such representations and agree to maintain and present upon request or to make available during a verification visit, documentation necessary to support this certification.							
Exporter:    Producer:    Importer:							
Signature: _____		Company: _____		Name: _____		Title: _____	
Date: _____		Telephone: _____		Email: _____			
I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IS TRUE AND COMPLETE IN EVERY RESPECT							
Please Check who is Signing							
Consignee		Buyer		Shipper		Agent	
Signature: _____				Date: _____			

# US Customs Invoice

BB V.7.0121.1  
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## BORDER BROKERS

List of Products Continued						
Description of Goods	Tariff Number	Country of Origin	Origin Criterion	Weight	Quantity	Total Value
13						\$
14						\$
15						\$
16						\$
17						\$
18						\$
19						\$
20						\$
21						\$
22						\$
23						\$
24						\$
25						\$
26						\$
27						\$
28						\$
29						\$
30						\$
31						\$
32						\$
33						\$
34						\$
35						\$
36						\$
37						\$
38						\$
39						\$
40						\$
41						\$
42						\$
43						\$
44						\$
45						\$
46						\$
47						\$
48						\$
49						\$
50						\$