

# US Customs Invoice

BBI V.7.0121.2  
EXP. 12.31.2022  
Document Type: CIV

Exporter, Shipper, or Seller				Buyer				Consignee (Ship To)		Check if same as buyer	
1. Name				2. Address				3. City, Province		4. Z.I.P./Postal Code	
5. Telephone Number										6. Invoice Date	
7. Name				8. Address				14. Name		15. Address	
9. City, State				10. Z.I.P./Postal Code		11. IRS/SSN/CBN		16. City, State		17. Z.I.P./Postal Code	
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		
30. Is Freight Included in Invoice Value?								Fill Below only if freight included			
31. Shipping Weight								Yes	Amount: \$		
KGS	LBS	32. Total Piece Count				33. ADD/CVD Included in Total Value		34. Total Invoice Value			
Units								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								\$			
USMCA Certification (US, Mexico & Canada Only)								Totals:			
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

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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						\$