

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					
25. City, State/Province		26. Z.I.P./Postal Code		Yes		No							
31. Shipping Weight		32. Total Piece Count		33. ADD/CVD Included in Total Value		34. Total Invoice Value							
KGS	LBS	Units		Yes	Amount: \$	Currency	USD	CAD					
No		N/A											
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								Totals:					
(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: _____							

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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						\$