

U.S. CUSTOMS INVOICE BY UNIT QUANTITY

SHIPPER									
1. SHIPPER - NAME CONTACT PHONE ADDRESS				2. EXPORTER - IF OTHER THAN SHIPPER NAME CONTACT PHONE ADDRESS				3. OTHER REF. NOS.	
4. CONSIGNEE / SHIP TO PARTY NAME PHONE ADDRESS IRS NUMBER / EIN NUMBER / SOCIAL SECURITY NUMBER - *mandatory for U.S. clearance				5. BUYER - IF OTHER THAN CONSIGNEE / SHIP TO PARTY PHONE ADDRESS IRS NUMBER / EIN NUMBER / SOCIAL SECURITY NUMBER - *mandatory for U.S. clearance					
4b. DUNS Number & Email Address **required for Food Imports Into the USA**				7. A) U.S. DUTY INCLUDED IN INVOICE VALUE <input type="checkbox"/> YES <input type="checkbox"/> NO 7. B) BROKERAGE INCLUDED IN INVOICE VALUE <input type="checkbox"/> YES <input type="checkbox"/> NO 7. C) AD/CVD DUTY INCLUDED IN INVOICE VALUE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ENTER AMOUNT HERE _____					
6. BILL CUSTOMS CHARGES TO <input type="checkbox"/> SHIPPER <input type="checkbox"/> EXPORTER <input type="checkbox"/> BUYER <input type="checkbox"/> CONSIGNEE			10. PARTIES TO THIS TRANSACTION ARE <input type="checkbox"/> NOT RELATED <input type="checkbox"/> RELATED						
8. ORIGIN (COUNTRY/PROVINCE)			9. DESTINATION (COUNTRY/STATE)			11. LOCAL CARRIER			
12. EXPORTING CARRIER				IF THE GOODS ARE OF U.S. ORIGIN, THEY MUST BE PRODUCED OR MANUFACTURED IN THE U.S. AND NOT MERELY SHIPPED/PURCHASED FROM THE U.S.					
13. TERMS OF SALE, PAYMENT AND DISCOUNT									
14. CURRENCY USED				15. IS FREIGHT INCLUDED IN INVOICE VALUE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES YOU MUST COMPLETE BOX 28					
16. COUNTRY OF MANUFACTURE OR GROWTH	17. HS TARIFF	18. NO OF PACKAGES	19. DESCRIPTION OF GOODS GIVE SUFFICIENT DETAIL TO PERMIT CLASSIFICATION ACCORDING TO TARIFF SCHEDULE OF THE U.S.			20. WEIGHT Gross Net		21. UNIT QUANTITY Units UOM	
			SHIPPING WEIGHT GROSS NET <input type="checkbox"/> Lbs <input type="checkbox"/> Kgs						
24. TOTAL PACKAGES			25. U.S. CUSTOMS PORT OF ENTRY				26. TOTAL INVOICE VALUE		
27. TO PORT OF EXIT \$			28. ACTUAL FREIGHT CHARGES TO DESTINATION \$			29. IF GOODS NOT SOLD STATE REASON FOR REPORT (LOAN, REPAIR, PROCESSING, ETC.)			
30. MODE OF TRANSPORTATION FROM POINT OF EXIT <input type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN						31. CONTAINERIZED <input type="checkbox"/> YES <input type="checkbox"/> NO			
32. GIVE NAME AND ADDRESS IF DIFFERENT FROM SHIPPERS BOX ABOVE						33. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. DATE: SIGNATURE: STATUS <input type="checkbox"/> SHIPPER <input type="checkbox"/> AGENT			

Mailing Address

1400 A Street
Blaine, Washington
98230

Website

www.pcbusa.com
Email Address
 info@pcbusa.com

Local Ph: 360.332.8534
Local Fx: 360.332.3253
Toll-Free Ph: 877.332.8534
Toll-Free Fx: 877.532.3253

U.S. CUSTOMS INVOICE BY UNIT QUANTITY

INVOICE CONTINUED[illegible]