	CANADA CUSTO	MS INVOICE	Pag	ge of	
1. Vendor (Name and Address)		2. Date of Direct Shipmen			
		Other References (included)	ude Purchaser's Order Nur	mber)	
		5. Purchaser's Name and Address (if other than Consignee)			
4. Consignee (Name and Address)					
		6. Country of Transshipme	ent		
			Goods (If shipment includes Different Origins		
Transportation: Give Mode and Place of Direct Sh	enter origins against items in 12)  9. Conditions of Sale and Terms of Payment (i.e. Sale, Consignment				
8. Transportation. Give wode and Place of Direct Sr	Shipment, Leased Goods etc.)				
		10. Currency of Settlemer	ot		
		To. Currency of Settlemen			
11. No of	d of Packages, Marks a	nd 13. Quantit	ry s	alling Dring	
Pkgs. Numbers , General Characteristic	cs, i.e. Grade, Quality)	(State U	Jnit) 14. Unit Price	elling Price 15. Total	
			14. Office	15. Total	
18. If any of fields 1 to 17 are included on an attached	ed commercial invoice, o	check this 16. T	Total Weight	17. Invoice Total	
box D		Net	Gross		
Commercial Invoice No.					
19. Exporter's Name and Address (if other than Ven	ndor) 20. Ori	ginator (Name and Address	5)		
21. Departmental Ruling (if applicable)	22. If fi	elds 23 to 25 are not applic	able, check this box		
23. If included in field 17, indicate amount:  24. If not included in field 17 indicate amount:		d 17 indicate amount:	25. Check (if applicable)		
(i) Transportation charges, expenses and	(i) Transportation charge	ges, expenses and	(i) Royalty payments or subsequent proceeds		
insurance from the place of direct shipment to Canada insurance to the place of direct shipment canada			are paid or payable	by the purchaser	
(ii) Costs for construction, erection and	(ii) Amounts for commissions other than buying		(ii) The purchaser has supplied goods or services for use in the production of these		
assembly incurred after importation into Canada	commissions		services for use in the	ne production of these	
(iii) Export packing	(iii) Export packing				



CORPORATE: 2001 HURON CHURCH ROAD, WINDSOR, ONTARIO N9C 2L6 FAX: 1-877-832-7769 (Toll Free)

BRANCHES VANCOUVER, EDMONTON, CALGARY, WINDSOR, TORONTO, MONTREAL

QUALITY FORM #	QUALITY FORM TITLE	REV.	DATE REVISED	PAGE
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