

PROFORMA INVOICE

NAME AND ADDRESS OF EXPORTER WestRock Company of Canada Corp. A-15400 Sherbrooke Est, Montreal, Quebec H1A 3S2		U.S CUSTOMS CLEARANCES BY: BAY BROKERAGE INC. FILER CODER BGK		CUSTOMER NO.
SHIP FROM: Compagnie WestRock du Canada Corp 285, St-Louis, Warwick, QC, J0A 1M0		(315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		RELEASE NUMBER 271000143682 INVOICE DATE 08/02/21
SHIP TO: HYDRA WAREHOUSE 7251 LOGISTICS DRIVE 7AM TO 3PM LOUISVILLE, KY (40258) DEL.APT.REQ. 502-995-4220 DANA		LOCAL CARRIER MAP ROUTE EXPORTING CARRIER MAP ROUTE PORT OF ENTRY	NOTIFY Importer of record: Westrock company of Canada Corp 1000 Abernathy Rd. NE Atlanta, GA 30329 EIN: 98-0488513-WA	
BUYER BROWN-FORMAN BEVERAGE CO 850 DIXIE HIGHWAY LOUISVILLE, KY (404210)		Ship from (Country/Province)	Destination (Country/Province)	
IRS : 610143150		TERM OF SALE * DELIVERY * PAYMENT, ETC. H30 FOB <input type="checkbox"/> PLANT <input checked="" type="checkbox"/> DESTINATION OR <input type="checkbox"/>		
Notes Skids : 48 Rolls : Shipping Weight : 42,129 Pds		CUSTOMS CHGS TO: <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> CONSIGNEE PARTIES TO THE TRANSACTION ARE : NOT RELATED COUNTRY OF ORIGIN : CANADA		
		DATE OF SALE : 08/02/21		CURRENCY OF SALE U.S.

COUNTRY ORIGIN	*HS CODE:	DESCRIPTION	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CANADA	4819200020	Empty folding carton boxes only	2 793	14,850	.22900	3 400.65
CANADA	4819200020	Empty folding carton boxes only	39 336	211,200	.22900	48 364.80

THTD0201271
 BC-DETROIT, MI
 ETA-DRIVER WAITING
 DATE-2/9/21

TOTAL Freight Charges - \$ <u>0.00</u>		Containerized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOAN, REPAIR, PROCESSING, ETC.)	
PREPAID <input type="checkbox"/> PREPAID & CHG <input type="checkbox"/> COLLECT <input checked="" type="checkbox"/>				
Mode of transportation from of exit <input checked="" type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> AIR <input type="checkbox"/> OTHER				
I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S) IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX		PACKAGING \$	WISC TRANS \$	
		OCEAN / INTL \$	COMMISSION \$	
		INHERITIC FRT \$	CONTAINER \$	
		INSURANCE \$	ARTISTS \$	
DATE Date of preparation: <i>2/9/21</i>		INVOICE TOTAL		51 765.45
SIGNATURE : <i>T.H. Hume</i>		STATUS <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> AGENT		