

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: <b>BAY BROKERAGE INC.</b> FILER CODER BGK  (315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		CUSTOMER NO.
SHIP FROM: Compagnie WestRock du Canada Corp 285, St-Louis,Warwick, QC,J0A 1M0				RELEASE NUMBER 271000143893
				INVOICE DATE 11/02/21
SHIP TO: BENDER WAREHOUSE 660 BROOKE ROAD  WINCHESTER, VA (22603) (540-722-4869)		LOCAL CARRIER S & F	NOTIFY <b>Importer of record:</b> Westrock company of Canada Corp 1000 Abernathy Rd. NE Atlanta, GA 30328	
		EXPORTING CARRIER S & F		
		PORT OF ENTRY	EIN: <b>98-0488513-WA</b>	
BUYER  RIVIANA FOODS INC.  2777 ALLEN PKWY  HOUSTON, TX (77019)  IRS : 76-0177572		Ship from (Country/Province)	Destination (Country/Province)	
		TERM OF SALE * DELIVERY * PAYMENT, ETC. 1-10 N30 FOB <input type="checkbox"/> PLANT <input checked="" type="checkbox"/> DESTINATION OR <input type="checkbox"/>		
Notes Skids : 31 Rolls : Shipping Weight : 42,693 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 :11/02/21		CURRENCY OF SALE U.S.

COUNTRY ORIGINE	*HS CODE:	DESCRIPTION	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CANADA	4819200020	Empty folding carton boxes only	10 460	112,200	.08084	9 070.25
CANADA	4819200020	Empty folding carton boxes only	10 808	116,160	.08084	9 390.37
CANADA	4819200020	Empty folding carton boxes only	18 491	199,320	.08084	16 113.03
CANADA	4819200020	Empty folding carton boxes only	2 934	31,680	.08569	2 714.66

TSYF0669152  
ALEXANDRIA BAY,NY 0708

TOTAL Freight Charges - \$ <u>0.00</u>		Containerized <input type="checkbox"/> Yes <input type="checkbox"/> No		IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOAN,REPAIR,PROCESSING,ETC.)	
PREPAID <input checked="" type="checkbox"/> PREPAID & CHG <input type="checkbox"/> COLLECT <input 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 ADRESSE IF DIFFERENT FROM EXPORTER BOX  DATE Name of preparer: <i>Samuel Mervin</i>  SIGNATURE : <i>Samuel Mervin</i>  STATUS <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> AGENT		PACKAGING	\$	MISC TRANS	\$
		OCEAN / INTL	\$	COMMISSION	\$
		DOMESTIC FRT	\$	CONTAINER	\$
		INSURANCE	\$	ASSISTS	\$
		INVOICE TOTAL		37 288.31	