

PROFORMA INVOICE

PAGE 01 OF 01

NAME AND ADDRESS OF EXPORTER WestRock Recycling c/o Southshore Recycling 1300 St. Amour St. Laurent, QC H4S1J2	U.S. CUSTOMS CLEARANCE BY: BAY BROKERAGE INC. FILER CODE BGK TEL: 315 482 6161 FAX: 888 753 1030 EMAIL: BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK: WWW.BAYBROKERAGEUS.COM	CUSTOMER NO.
		RELEASE NUMBER 4145332
		INVOICE DATE 1/20/21

SHIP TO: WestRock 369 Mill Street Sheldon Springs, VT 05485 IRS 58-1271825	LOCAL CARRIER FKL	NOTIFY:
	EXPORTING CARRIER FRL	
	PORT OF ENTRY Highgate Springs VT	

BUYER/Customs Charges to: WestRock CP, LLC 1000 Abernathy Road N.E. Atlanta, GA 30328 IRS 36-2041256	Ship From: (Country/Province) Canada/ Quebec	DESTINATION (Country / State) UNITED STATES / Vermont
	TERMS OF SALE * DELIVERY * PAYMENT, ETC. FOB: <input checked="" type="checkbox"/> PLANT <input type="checkbox"/> DESTINATION OR	
	CUSTOMS CHGS TO: ___ SHIPPER ___ CONSIGNEE <input checked="" type="checkbox"/> OTHER	
	PARTIES TO THE TRANSACTION ARE: RELATED	

NOTES 38 Bales @ 46200 LBS Release Number: 4145332	COUNTRY OF ORIGIN : SEE BELOW	
	<table border="1"> <tr> <td>DATE OF SALE : 1/20/21</td> <td>CURRENCY OF SALE US DOLLARS</td> </tr> </table>	DATE OF SALE : 1/20/21
DATE OF SALE : 1/20/21	CURRENCY OF SALE US DOLLARS	

COUNTRY ORIG.	*HS CODE	DESCRIPTION	GROSS WEIGHT	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CA	4707.10.00.00	Scrap Corrugates/Kraft Paper	46200	23.10	ST	\$88.00	\$2,032.80

TOTAL Freight Charges - \$ _____ PREPAID INCL _____ PREPAID & CHG _____ COLLECT _____		Containerized ___ Yes ___ No	IF GOODS NOT SOLD, STATE REASON FOR EXPORT: (LOAN, REPAIR, PROCESSING, ETC.)
Mode of Transportation From Point of Exit <input checked="" type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> AIR <input type="checkbox"/> OTHER		EXPORT PERMIT NO.	
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			

DATE		PACKAGING	\$	MISC TRANS	\$
Name of Preparer: Lynn Silk		OCEAN / INT'L	\$	COMMISSION	\$
		DOMESTIC FRT	\$	CONTAINER	\$
		INSURANCE	\$	ASSISTS	\$

SIGNATURE: _____ STATUS ___ OWNER ___ X AGENT	INVOICE TOTAL \$2,032.80
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F R L EXPRESS INC

FILER CODE

FRLO0352500 1



*CROSSING
Highgate Springs VT
1/20/21*