

# PROFORMA INVOICE

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<b>NAME AND ADDRESS OF EXPORTER</b> WestRock CP, LLC 1000 Abernathy Rd Atlanta, GA 30071 SHIP FROM Coastal Recycling c/o Wasteco 150 Orenda Road Brampton, ON L6W 3K1 Canada	<b>U.S. CUSTOMS CLEARANCE BY:</b> <b>BAY BROKERAGE INC.</b> <b>FILER CODE BGK</b> TEL: 315 482 6161 FAX: 888 753 1030 EMAIL: <a href="mailto:BAYFAX@BAYBROKERAGEUS.COM">BAYFAX@BAYBROKERAGEUS.COM</a> PAPS CHECK: <a href="http://WWW.BAYBROKERAGEUS.COM">WWW.BAYBROKERAGEUS.COM</a>	<b>CUSTOMER NO.</b>
		<b>RELEASE NUMBER</b> 4080FC58101
		<b>INVOICE DATE</b> 2/10/21

<b>SHIP TO:</b> WestRock - Solvay 53 Industrial Way Syracuse, NY 13204 IRS 11-3110303 BUYER Same	<b>LOCAL CARRIER</b> Autolinx	<b>NOTIFY:</b>
	<b>EXPORTING CARRIER</b> Autolinx	
	<b>PORT OF ENTRY</b> Buffalo, NY	

<b>Customs Charges to/IO:</b> WestRock CP, LLC 1000 Abernathy Road NE Atlanta, GA 30328 IRS 36-2041256	<b>Ship From:</b> (Country/Province) Canada/ ON	<b>DESTINATION (Country / State)</b> UNITED STATES / NY
	<b>TERMS OF SALE * DELIVERY * PAYMENT, ETC.</b> FOB: <input checked="" type="checkbox"/> PLANT <input type="checkbox"/> DESTINATION OR	
	CUSTOMS CHGS TO: __ SHIPPER __ CONSIGNEE _X_ OTHER PARTIES TO THE TRANSACTION ARE: RELATED COUNTRY OF ORIGIN: SEE BELOW	
<b>NOTES</b> 21 Bales @ 40168 LBS Release Number: 4080FC581018	<b>DATE OF SALE :</b> 2/10/21	<b>CURRENCY OF SALE</b> US DOLLARS

COUNTRY ORIG.	*HS CODE	DESCRIPTION	GROSS WEIGHT	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CA	4707.10.00.0	Scrap Paper / Paperboard		40168	20.08 ST	\$100.00	\$2,008.00

TOTAL Freight Charges - \$ _____ PREPAID INCL _____ PREPAID & CHG _____ COLLECT _____		Containerized __ Yes __ No	<b>IF GOODS NOT SOLD, STATE REASON FOR EXPORT:</b> (LOAN, REPAIR, PROCESSING, ETC.)		
Mode of Transportation From Point of Exit <input 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 _____ Name of Preparer: _____		PACKAGING	\$	MISC TRANS	\$
		OCEAN / INT'L	\$	COMMISSION	\$
		DOMESTIC FRT	\$	CONTAINER	\$
		INSURANCE	\$	ASSISTS	\$
SIGNATURE: _____ STATUS _____ _____ OWNER _____ X AGENT		<b>INVOICE TOTAL</b>		\$2,008.00	

LOAD SOLUTIONS INC.  
LDSQ042764 1

FILER CODE

