

65252

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		CUSTOMER NO.	
SHIP FROM: Compagnie WestRock du Canada Corp 433, 2e AVENUE, STE-MARIE BEAUCE, QC, G6E		(315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		RELEASE NUMBER <b>273000045140</b>	
SHIP TO: TENNESSEE GLUTEN FREE PLANT 10388 AIRPORT PKWY  KINGSPORT, TN (37663)		LOCAL CARRIER LEUR CAMION  EXPORTING CARRIER LEUR CAMION  PORT OF ENTRY		NOTIFY <b>Importer of record:</b> Westrock company of Canada Corp 1000 Abernathy Rd. NE Atlanta, GA 30328  EIN: <b>98-0488513SM</b>	
BUYER  LECLERC FOODS TENNESSEE LLC  70 DE ROTTERDAM  ST-AUGUSTIN DE DESMAURES, QC (G3A 1S9) IRS: 26-3034118		Ship from (Country/Province)  Destination (Country/Province)		TERM OF SALE * DELIVERY * PAYMENT, ETC. N60 FOB <input checked="" type="checkbox"/> PLANT <input type="checkbox"/> DESTINATION OR <input type="checkbox"/>	
Notes Skids : 23 Rolls : Shipping Weight : 43,437 Lbs		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 : 09/02/21 CURRENCY OF SALE CANADIAN	

COUNTRY ORIGIN	*HS CODE:	DESCRIPTION	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CANADA	4819200020	Empty folding carton boxes only	18 500	56,000	.32165	18 012.40
CANADA	4819200020	Empty folding carton boxes only	24 937	212,500	.15850	33 681.25

bc. DETROT @ 1:30pm  
Feb 9/21  
T. 905-913-2101

FILER CODE

TUNG AIR TRANSPORT LTD.

**TUNG 018174 2**



TOTAL Freight Charges - \$ 0.00		Containerized __ Yes __ 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 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		PACKAGING \$		MISC TRANS \$	
DATE		OCEAN / INTL \$		COMMISSION \$	
Name of preparer: <u>Marco Labbe</u>		DOMESTIC FRT \$		CONTAINER \$	
SIGNATURE : <u>Marco Labbe</u>		INSURANCE \$		ASSISTS \$	
STATUS __ OWNER __ X AGENT		INVOICE TOTAL		51 693.65	

Feb 9 / 2021