

# Bay Brokerage Inc.

P.O. Box 293

44951 County Rte. 191

Wellesley Island, New York 13640

## U.S. CUSTOMS PRO-FORMA INVOICE

PAGE NUMBER

1 OF 1

1 EXPORTER, SHIPPER, SELLER (COMPLETE NAME AND ADDRESS)

NAME: **EMS Technologies Canada, Ltd.**  
ADDRESS: **400 Maple Grove Road**  
**Ottawa, ON K2V 1B8 Canada**  
PHONE: **613-591-6040 x 1431**

U.S. CUSTOMS

CLEARANCE BY: **Bay Brokerage Inc.**

2 EXPORT REFERENCE NUMBER

5 Place of Lading (City / Province / Country)

6 Destination (City / State / Country)

8 Country of Origin

9 U.S. Port of Entry

3 CONSIGNEE (SHIP TO) (COMPLETE NAME AND ADDRESS)

NAME: **Bay Brokerage**  
ADDRESS: **1 Edmund Street**  
PHONE: **Watertown, NY 13601**

FEDERAL ID/SS #

11 Invoice Date

12 Date of Sale

14 Exchange Rate

15 Currency of Sale

40

41

**Feb 10/2021**

4 BUYER (SOLD TO) COMPLETE NAME AND

(SOLD TO) PARTIES IN THIS TRANSACTION ARE:

ADDRESS IF DIFFERENT FROM BLOCK 3)

☐ NOT RELATED

☐ RELATED

17 Gross Weight and Cubage (Metric)

10 Pre-carriage by

Invoice No.

13 Exporting Carrier

Truck No.

16 Freight Rate

Route

NAME:

ADDRESS:

PHONE:

7 Terms of Sale - Delivery - Payment

F.O.B: ☐ PLANT or ☐ DESTINATION or 160,100.07

Prices Shown in Column 21 Include:

☐ U.S. BROKERAGE ☐ U.S. DUTY / MPF ☐ FREIGHT

Other (Specify)

U.S. Duty and / or Brokerage Charge for:

☐ Shipper ☐ Consignee

or for the Account of

18 Invoice Item Description (To include marks, numbers & kinds of packages)

U.S. Customs requires weights and measures in metric.

19 Invoice  
Unit Quantity

20 Invoice  
Unit Price

21 Invoice Total  
\$27,939.22 USD

Satellite Communication Equipment

Non-Pursuant

Total Weight: 14 LB

S.L. & C. SEAL NOS.

22 If goods are not sold, state reason for export.

23 Export Permit No.

1  
Packaging

24 Estimated freight charges

To Point of Exit \$ Or to destination \$

25 Mode of Transportation from point of exit

☒ Road ☐ Rail ☐ Water ☐ Air ☐ Other

26 Containerized

☒ Yes ☐ No

32  
Ocean or  
International  
Freight

Total No. Pcs. / Pkgs.

Dimen. Of Shipment

Total Cubic Feet

Dimensional Weight

Number / Pieces

3

33 Domestic  
Freight  
Charges

I hereby certify that the information given above is true and complete in every respect

27 Give firm name and address if different from exporter box above.

28 Date

30 Status

☐ Owner ☐ Agent

34 Insurance  
35 Misc. Trans..  
36 Commission

Agent:

Shipper:

29 Signature

Signature

37 Container  
38 Assists  
39  
Invoice Total

*Shawn Int*