

## Bay Brokerage Inc

P O Box 293

County Rte 191

Wellesley Island, New York 13640

## U S CUSTOMS PRO-FORMA INVOICE

PAGE NUMBER

1

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

NAME GENTEC EQUIPMENT INC  
 ADDRESS 1583 SEQUOIA DRIVE  
 CUMBERLAND ON K4C1C2  
 PHONE 613 724 0435

## U S CUSTOMS

CLEARANCE BY Bay Brokerage Inc

## 2 EXPORT REFERENCE NUMBER

237334

## 5 Place of Lading (City / Province / Country)

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

NAME Joshua Arnold  
 ADDRESS 7121 DEEP CREEK DR  
 AMELIA COURT HOUSE, VA 23002-2729 US  
 PHONE 315 592 8982

## 6 Destination (City / State / Country)

## 8 Country of Origin

CANADA

## 9 U S Port of Entry

40

41

SAME

USD

## 4 BUYER (SOLD TO) COMPLETE NAME AND

ADDRESS IF DIFFERENT FROM BLOCK 3)

## (SOLD TO) PARTIES IN THIS TRANSACTION ARE

☒ NOT RELATED☐ RELATED

NAME Joshua Arnold  
 ADDRESS 11709 WINTERPOCK RD  
 CHESTERFIELD, VA 23838  
 PHONE 315 592 8982  
 SSN# 126-72-1674

## 17 Gross Weight and Cubage (Metric)

2175 LBS

## 10 Pre carriage by

## 13 Exporting Carrier

FEDEX FREIGHT

## 16 Freight Rate

## 7 Terms of Sale - Delivery - Payment

F O B ☐ PLANT or ☐ DESTINATION or

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

☒

or for the Account of

## 18 Invoice item Description (To include marks, numbers &amp; kinds of packages)

U S Customs requires weights and measures in metric

EXCAVATOR THUMB 8431 41 00 20

## 19 Invoice

Unit Quantity

## 20 Invoice

Unit Price

## 21 Invoice Total

3

1500 00

4500 00

## S L &amp; C SEAL NOS

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

## 23 Export Permit No

## 31

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

Total No Pcs / Pkgs Dimen Of Shipment Total Cubic Feet Dimensional Weight Number / Pieces

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

Agent

Shipper

## 29 Signature

Signature

## 32

Ocean or

International

Freight

Charges

34 Insurance

35 Misc Trans

36 Commission

37 Container

38 Assists

39

Invoice Total

4500 00