

PROFORMA INVOICE

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NAME AND ADDRESS OF EXPORTER		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		
				INVOICE DATE		
SHIP TO:		LOCAL CARRIER		NOTIFY:		
		EXPORTING CARRIER				
		PORT OF ENTRY				
Customs Charges to:		Ship From: (Country/Province) Canada/		DESTINATION (Country / State) UNITED STATES /		
		TERMS OF SALE * DELIVERY * PAYMENT, ETC. FOB: __ PLANT __ DESTINATION OR _____ CUSTOMS CHGS TO: __ SHIPPER __ CONSIGNEE __X__ OTHER PARTIES TO THE TRANSACTION ARE: RELATED				
		COUNTRY OF ORIGIN : SEE BELOW				
NOTES Bales @ LBS Release Number:		DATE OF SALE :		CURRENCY OF SALE US DOLLARS		
<u>COUNTRY ORIG.</u> <u>*HS CODE</u> <u>DESCRIPTION</u> <u>GROSS WEIGHT</u> <u>NET WEIGHT</u> <u>QUANTITY</u> <u>UNIT PRICE</u> <u>TOTAL</u>						
TOTAL Freight Charges - \$ _____		Containerized __ Yes __ No		IF GOODS NOT SOLD, STATE REASON FOR EXPORT: (LOAN, REPAIR, PROCESSING, ETC.)		
PREPAID INCL _____ PREPAID & CHG _____ COLLECT _____						
Mode of Transportation From Point of Exit __ ROAD __ RAIL __ WATER __ AIR __ 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: SIGNATURE: _____ STATUS __ OWNER __X__ AGENT		PACKAGING		\$	MISC TRANS	\$
		OCEAN / INT'L		\$	COMMISSION	\$
		DOMESTIC FRT		\$	CONTAINER	\$
		INSURANCE		\$	ASSISTS	\$
		INVOICE TOTAL				