

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: BAY BROKERAGE INC. FILER CODES BOX (315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		CUSTOMER NO. RELEASE NUMBER 271000143682 INVOICE DATE 08/02/21	
SHIP FROM: Compagnie WestRock du Canada Corp 285, St-Louis, Warwick, QC J0A 1M0		LOCAL CARRIER MAP ROUTE EXPORTING CARRIER MAP ROUTE PORT OF ENTRY		NOTIFY Importer of record: Westrock company of Canada Corp 1000 Abernethy Rd. NE Atlanta, GA 30328 EIN: 98-0488513-WA	
SHIP TO: HYDRA WAREHOUSE 7251 LOGISTICS DRIVE 7AM TO 3PM LOUISVILLE, KY (40258) DEL.APT.REQ. 502-995-4220 DANA		Ship from (Country/Province) Destination (Country/Province)		TERMS OF SALE • DELIVERY • PAYMENT, ETC. N30 FOB <input type="checkbox"/> PLANT <input checked="" type="checkbox"/> DESTINATION CR <input type="checkbox"/>	
BUYER BROWN-FORMAN BEVERAGE CO 850 DIXIE HIGHWAY LOUISVILLE, KY (40210) IRS : 610143150		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 : 08/02/21 CURRENCY OF SALE U.S.	

Notes:
 Skids : 48
 Rolls :
 Shipping Weight : 42,129 Pds

COUNTRY ORIGIN	HS CODE	DESCRIPTION	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CANADA	4819200020	Empty folding carton boxes only	2 793	14,850	.22900	3 400.65
CANADA	4819200020	Empty folding carton boxes only	39 336	211,200	.22900	48 364.80

TOTAL Freight Charges : \$ <u>2.00</u>		IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOSS, REPAIR, PROCESSING, ETC.)	
PREPAID <input type="checkbox"/> PREPAID & CHG <input type="checkbox"/> COLLECT <input checked="" type="checkbox"/>		CONTAINERIZED <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mode of transportation from of exit: <input checked="" type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> AIR <input type="checkbox"/> OTHER		PACKAGING : <input type="checkbox"/> WIDE TRANS : <input type="checkbox"/> OCEAN / INTL : <input type="checkbox"/> COMMISSION : <input type="checkbox"/> DOMESTIC FRT : <input type="checkbox"/> CONTAINER : <input type="checkbox"/> INSURANCE : <input type="checkbox"/> ASSIST : <input type="checkbox"/>	
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 exporter: <i>Donatien Pelletier</i>		STATUS OWNER <input checked="" type="checkbox"/> AGENT	
SIGNATURE : <i>Michelle Hume</i>		INVOICE TOTAL	
		51 765.45	