

PROFORMA INVOICE																								
Exporter, Shipper, Seller (Complete Name and Address)					Shipment #	Shipment Date	Invoice #	Page																
SA ARMSTRONG LIMITED			Tax No.		106381	02-15-2021		1	of 1															
23 BERTRAND AVENUE			910901-06447		Terms of Sale - Delivery - Payment, Etc.																			
SCARBOROUGH			ON	M1L 2P3	FOB: <input type="checkbox"/> Plant <input type="checkbox"/> Destination or <input type="checkbox"/>																			
Consignee (Ship To) (Complete Name and Address)					Customs Charges to: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Other																			
ARMSTRONG PUMPS INC.			Tax No.		Prices below include: <input type="checkbox"/> US Brokerage <input type="checkbox"/> US Duty / MPF <input type="checkbox"/> Freight																			
93 EAST AVENUE			16-0919412		Parties are: Related <input checked="" type="checkbox"/> Not Related <input type="checkbox"/>																			
NORTH TONAWANDA			NY	14120	Port of Entry		Place of Lading																	
Sold To					Lewiston, NY 0901B																			
ARMSTRONG PUMPS INC.			Tax No.		Country of Origin		Destination																	
93 EAST AVENUE			16-0919412		As per the Attached summary		Various, USA																	
NORTH TONAWANDA			NY	14120	Precarriage By		Invoice Date																	
Broker							02-15-2021																	
BAY BROKERAGE			Tax No.		Exporting Carrier		Car or Truck Number																	
			56-2381703		OTTAWAY MOTOR EXPRESS																			
					Gross Weight / Cubage		Currency of Sale																	
					9345 Kilograms		US Dollars																	
Telephone: 810-989-9952			Fax: 315-482-6176																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:60%;">DESCRIPTION OF GOODS</th> <th style="width:10%;">Unit Quantity</th> <th style="width:10%;">Unit Price</th> <th style="width:10%;">Total</th> </tr> </thead> <tbody> <tr> <td colspan="5"> Invoice Item Description (To include marks, numbers and kinds of packages). US Customs requires weight and measured in metric. </td> </tr> <tr> <td></td> <td> All wooden pallets and/or wooden packaging material were made in Canada. See Attached Recap Total # of boxes: 0 Entry Number: BGK-0505915-0 PAPS Number: OTTW 21060690 DOT Box Number: </td> <td></td> <td></td> <td>104137.62</td> </tr> </tbody> </table>											DESCRIPTION OF GOODS	Unit Quantity	Unit Price	Total	Invoice Item Description (To include marks, numbers and kinds of packages). US Customs requires weight and measured in metric.						All wooden pallets and/or wooden packaging material were made in Canada. See Attached Recap Total # of boxes: 0 Entry Number: BGK-0505915-0 PAPS Number: OTTW 21060690 DOT Box Number:			104137.62
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DECLARATION BY FOREIGN SHIPPER (To be completed only when the goods described above are of U.S. origin and their value exceeds \$1,000.00)																								
I, _____ declare that the articles herein specified are to the best of my knowledge and belief, the growth, produce, or manufacture of the United States: That they were exported from the United States from the port of _____ on or about _____ and that they are returned without having been advanced in value or improved in condition by any process of manufacture or any other means.																								
SHIPPER		SIGNATURE			DATE SIGNED																			
FREIGHT CHARGES					Export Permit		IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOAN, REPAIR, PROCESSING, ETC.)																	
<input type="checkbox"/> Prepaid Included <input type="checkbox"/> Prepaid Charged <input type="checkbox"/> Collect <input type="checkbox"/> Display Only					N.P.R.																			
MODE OF TRANSPORTATION FROM POINT OF EXIT					Containerized																			
<input checked="" type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Other					<input type="checkbox"/>																			
I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S) IF ANY, IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT.					Packaging		Misc. Transport																	
<input type="checkbox"/> Owner SA ARMSTRONG LIMITED <input type="checkbox"/> Agent 23 BERTRAND AVENUE SCARBOROUGH ON M1L 2P					Ocean or Domestic		Commission																	
					Domestic Freight		Container																	
					Insurance		Assists																	
					INVOICE TOTAL		104137.62																	