

PROFORMA INVOICE		PAGE 01 OF 01						
NAME AND ADDRESS OF EXPORTER		CUSTOMER NO.						
		RELEASE NUMBER						
		INVOICE DATE						
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		SHIP TO:						
		LOCAL CARRIER						
		EXPORTING CARRIER						
		PORT OF ENTRY						
		NOTIFY:						
Customs Charges to/IOR:		Ship From: (Country/Province) Canada/						
NOTES Bales @ LBS Release Number:		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						
DATE OF SALE :		CURRENCY OF SALE US DOLLARS						
COUNTRY ORIG.		*HS CODE	DESCRIPTION	GROSS WEIGHT	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
TOTAL Freight Charges - \$ _____		Containerized __ Yes __ No		IF GOODS NOT SOLD, STATE REASON FOR EXPORT: (LOAN, REPAIR, PROCESSING, ETC.)				
PREPAID INCL _____ PREPAID & CHG _____ COLLECT _____		EXPORT PERMIT NO.						
Mode of Transportation From Point of Exit __ ROAD __ RAIL __ WATER __ AIR __ OTHER _____		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		PACKAGING		\$	MISC TRANS	\$
DATE Name of Preparer:		SIGNATURE: _____ STATUS __ OWNER __ X AGENT		OCEAN / INT'L		\$	COMMISSION	\$
				DOMESTIC FRT		\$	CONTAINER	\$
				INSURANCE		\$	ASSISTS	\$
				INVOICE TOTAL				